

SELECT SKILLS HOCKEY™

PARTICIPANT CERTIFICATION & RELEASE OF LIABILITY

Each participant or legal guardian is required to sign this document prior to program participation or facility use.

This shall certify that I, as participant or parent/guardian with legal responsibilities for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, I or my child/ward understands and accepts these risks and responsibilities for myself and child/ward. I hereby certify the following:

- a. I have not traveled outside of the state of Massachusetts within the last 14 days, and
- b. I have not to the best of my knowledge had ANY close contact nor cared for someone who has been diagnosed with Covid-19 within the last 14 days, and
- c. I have not experienced ANY cold or flu symptoms within the last 14 days – regardless of severity, these symptoms include but are not limited to: fever, chills, shaking with chills, muscle pain (unrelated to physical exertion), headache, loss of taste or smell, cough, sore throat, respiratory illness, shortness of breath or difficulty breathing, and
- d. I certify that if any of the conditions attested to in a. through c. above changes during the term of this participation, I will immediately cease participating and bring such change(s) to the attention of SELECT SKILLS HOCKEY, INC. I understand that I may not be allowed to resume participation for at least a period of 14 days or until providing documentary evidence of testing negative for Covid-19, in this instance I agree to cooperate fully with public health and other officials in developing contact tracing, and
- e. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. I further agree to comply fully with applicable federal, state and local guidelines with regard to Covid-19. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official or management immediately, and
- f. I accept that participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and Covid-19. While rules and personal hygiene /discipline may reduce this risk, the risk of serious illness and/or death does exist; and,
- g. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, even if arising from the negligence of the releasees or others and assume full responsibility for my participation, and
- h. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless SELECT SKILLS HOCKEY, INC., their officers, officials, agents and / or employees, other participants, sponsors, and owners of premises used to conduct the activity or event, with respect to any and all illness, disability, death or damage to person or property, whether arising from the negligence of releasees or otherwise, to the fullest extent permitted by law.

Player's Name:			
Parent/Guardian Name:			
Parent/Guardian Signature:			
Address:			
City:			
State:		ZIP:	

SELECT SKILLS HOCKEY, INC.

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CROSS OVER YOUR EDGE™