



**RELEASE, INDEMNITY, AND ASSUMPTION OF RISK  
(Includes Travel)**

Name of Participant: \_\_\_\_\_

I am signing this Release so that I can participate in the Activities described above. This Release, Indemnity and Assumption of Risk Statement cover all events and occurrences associated with the Activities, including any associated travel, meals and lodging. I understand that if I have any concerns about my health or ability to participate, it is my responsibility to discuss my concerns with my physician before deciding to participate.

I agree to assume the risk that unexpected events may occur and result in harm, injury or illness to me or damage to my property while I am participating in or observing the Activities or while I am traveling to or from the Activities. I agree to indemnify DePaul Hockey Club and not to sue DePaul Hockey Club for any harm or damage associated with my participation, observation, or travel if the harm or damage is not due to the negligence or fault of the DePaul Hockey Club. I understand that my participation in these Activities is voluntary.

If I require emergency medical treatment, please contact:

Name of Emergency Contact Person: \_\_\_\_\_

Home Phone: Work Phone: \_\_\_\_\_

If the Emergency Contact Person I have listed is not available, please contact:

Doctor: Phone: \_\_\_\_\_

I consent to the provision of emergency medical treatment to the extent that the treatment is necessary in the medical opinion of the doctor rendering the treatment.

\_\_\_\_\_  
Signature Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian  
*(If Participant is younger than 18 years old, Parent or Legal Guardian must also Sign.)*

\_\_\_\_\_  
Date