



Digit Murphy Enterprises, Inc.

Camp/Clinic General Release & Waiver

For good and valuable consideration, the sufficiency of which I hereby acknowledge, I

_____ (print) personally and on behalf of and as the parent and

legal guardian of, _____ (print) and anyone acting on my behalf, including but not limited to attorneys, representatives, agents, heirs, executors, administrators, assigns, insurers, predecessors, successors or any other person or entity asserting claims through me, agree to release, indemnify, defend and hold harmless: *Digit Murphy Enterprises, Inc., Digit Murphy Hockey School* and all of their respective directors, officers, shareholders, subsidiaries, partners, agents, employees, successors, independent contractors, instructors, parents, beneficiaries, heirs, executors, administrators, assigns and affiliates thereof, (collectively, releases), from and against any and all claims, suits, losses, damages, expenses, costs and liabilities (including reasonable attorneys fees and expenses) which hereinafter may accrue to arise against releases and which in any way arise out of or are in anyway related to (a) my child's participation in Digit Murphy Hockey School camps, clinics, tournaments, and any other event and the use of my child's name, photograph, quotation and likeness in any advertising or promotions relating to the activities in which my child was participating.

I, personally and on behalf of my child, understand the danger of personal injury or death that may result from skating on the ice and participating in the events, including but not limited to falling on the ice, being injured by a dasher board and being struck by a puck, stick or another individual.

I, personally and on behalf of my child, assume any and all risk that is in any way associated with, related to, or occurs as a result of my child's participation in the events of Digit Murphy Hockey School.

I, personally and on behalf of my child, hereby give releases, or any one of them, permission to use my and/or my child's name, photograph, quotations and likeness in any advertisements or promotions performed in connection with the events, and I agree that neither I nor my child shall be entitled to any compensation for such use.

Signature of Parent or Legal Guardian

Date

PLEASE CLEARLY PRINT THE FOLLOWING INFORMATION:

Emergency Contact (printed name)

Phone

Insurance Carrier

Name of Policy Holder

Insurance Group Number

Policy Number