



WEDNESDAYS
"SKATING & SCORING CLINIC"
SEPTEMBER & OCTOBER 2010

INDIVIDUAL DEVELOPMENT
SKATING, STICKHANDLING,
SHOOTING, SCORING

7 SESSIONS STARTING SEPT 15
4:30 – 5:30 PM

9/15	9/22	9/29	10/6	10/13	10/20	10/27
4:30	4:30	4:30	4:30	4:30	4:30	4:00

OUR 13TH YEAR OF PLAYER DEVELOPMENT WITH NUMEROUS SUCCESS STORIES
COME PREPARED TO WORK! SPOTS ARE LIMITED. SIGN UP TODAY.

DIRECTED BY JOHN HANNON & OTHER WHI STAFF

PLEASE MAKE PAYMENT OF \$100 TO:

WORLD HOCKEY INSTITUTE, AMHERST PEPSI CENTER
1615 AMHERST MANOR DRIVE, AMHERST, NY 14221

WAIVER AND RELEASE OF LIABILITY
 Parental Consent (for skaters under the age of 18)

I, the undersigned acknowledge the inherent risks involved in ice hockey and all activities relating thereto. Accordingly and in consideration of being allowed to participate in any activities associated with Buffalo Prospects and/or World Hockey Institute, I agree to the following:

1. I acknowledge and fully understand that I will be engaging in activities that involve risk of serious injury, which may include permanent disability and even termination of life, and severe social and economic losses which might result not only from my action, but also from the action, inaction, or negligence of others, through rules of play or the condition of the premises, or any equipment used and further that there may be risks not known to me or not reasonably foreseeable.
2. I agree that prior to participating in any activity associated with Buffalo Prospects and/or World Hockey Institute, I will inspect the competition area and all equipment to be used, and if, through my inspection, I determine that anything related to that activity is unsafe, I will immediately advise my coach or an organizational official of this unsafe condition and will not participate until this condition is corrected.
3. I agree to assume all the foregoing risks and accept personal responsibility for my own damages following such injury, permanent disability or termination of life.
4. I release, waive, discharge, and covenant not to sue World Hockey Institute, Buffalo Prospects, the facilities, and/or all their respective agents, affiliates, associates, officials, directors, owners, coaches, referees, and employees (collectively "releases") from demands, losses, or damages on account of any injury, termination of life, or damage to property, caused or alleged to be caused in whole or part by releases or any other party's actions, inactions, or otherwise, and agree to indemnify releases from any and all third party claims caused in whole or in part by my actions.
5. I acknowledge that there is a no refund policy in place for these programs.
6. I acknowledge that the Buffalo Prospects and/or World Hockey Institute will not be responsible for lost or stolen property.
7. I agree to permit the Buffalo Prospects and/or World Hockey Institute use photographs, videos and/or other media for advertising, PR, or internal communications purposes.

I, the undersigned parent or legal guardian have read the above waiver and release and agree to its terms on behalf of my child and myself. I understand that by signing below I am giving up substantial rights on behalf of my child and myself.

Date: _____ **Player Name:** _____

Date of Birth: _____ **Email:** _____

Parent Name _____ **Parent Signature** _____

Address _____ **Contact Phone** _____