



### WILTON HOCKEY HOMECOMING 2015

Alumni Game - Friday, November 27<sup>th</sup> from 10:30 PM – 12:30 PM  
Winter Garden Ice Arena

### ALUMNI PLAYER RESERVATION FORM RSVP to Mathew Biegen by Saturday, November 22nd.

Please complete and return this Reservation Form to:

**Wilton High School Hockey Club, P.O. Box 7041, Wilton, CT 06897**  
or  
E-mail: **wiltonhockey@gmail.com.com**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

BEST PHONE NUMBER TO REACH ME \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

CLASS OF \_\_\_\_\_

POSITION \_\_\_\_\_

Check all that apply:

I would like to play in the Homecoming game. (\$50 Pledge)

I want to join the Wilton Hockey Boosters. (\$125 Membership Fee)

I want to purchase a Web-based Corporate Sponsorship.  
I have completed the Sponsorship Pledge Form, (\$250 Annual Commitment)

I want to support Wilton Hockey. Check Enclosed

**Total \$ \_\_\_\_\_**

**Please make all checks payable to WHS Hockey Club. Thank you.**



**WILTON HOCKEY HOMECOMING 2015  
WAIVER and RELEASE**

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_

In consideration of being allowed to participate in any way in **2015 Wilton Hockey Alumni Homecoming** (Event) related events and activities (the "Program"), I, the undersigned, acknowledge, appreciate and agree that:

1. The inherent risk of injury from the activities involved in the Program can be significant, including the potential for permanent paralysis and death. While particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS the Wilton High School Hockey Club and the Winter Garden Ice Arena and each of its officers, officials, agents, and/or employees (collectively, "Releasees") from any and all claims, demands, losses, and liability arising out of or related to any INJURY, DISABILITY OR DEATH I may suffer, or loss or damage to person or property, arising out of or in connection with my participation in the Program, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

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

**For parents/guardians of a participant of minor age (under age 18 at time of registration)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incident to my minor child's involvement or participation in the Program as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

\_\_\_\_\_  
Parent/Guardian Name (Please Print) Emergency Phone Number(s)

\_\_\_\_\_  
Parent/Guardian Signature Date