



# PLAYER / COACH RELEASE

Player or Coaches Name: \_\_\_\_\_

Team Name: \_\_\_\_\_

We, the parent / guardian of the above child, hereby give our approval to his / her participation in the Christian J Ciskal Memorial Hockey Tournament for the weekend of November 6<sup>th</sup>-9<sup>th</sup>, 2026, at the Kenneth J Meyers Recreation Center, located in Cheektowaga Town Park, we assume all risks and hazards incidental to such participation and hereby waive, release, and absolve the Cheektowaga Youth & Recreational Services Department and the Town of Cheektowaga, the organizers, sponsors, supervisors and participants from any claim arising out of an injury to our son / daughter except to the extent covered by accident or liability insurance.

We certify that the information given above is true and correct.

Parent or Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_