STICK IT TO CANCER
HOCKEY TOURNAMENT

REFEREE/HOCKEY TEAM /CURLING TEAM

REFEREE:

Referee name: _____

Referee signature _____Date _____

HOCKEY TEAM

TEAM NAME _____

MANAGER/CAPTAIN_____DATE_____

CURLING TEAM

TEAM NAME_____

PLAYER #1_____ DATE_____

PLAYER #2_____DATE_____

WAIVER: By signing this form, as a **Volunteer referee, Hockey team Manger/captain or Curling team player** releases the sponsor(s) of the STICK IT TO CANCER HOCKEY TOURNAMENT, Tournament organizers, City of Marquette and all concerned with any liability for injury or accident while traveling or reffing or participating in the tournament.