



**TEAM OFFICIALS:**

Name	Position	Hometown

**Team Level of Play/Achievements (use separate sheet for more details):**

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**Liability Waiver & Medical Release**

In consideration of your permitting \_\_\_\_\_ and all of its members to participate in the New York International Hockey Cup, Inc. and to utilize all of the facilities involved for any purpose whatsoever, I hereby covenant and agree with the New York International Hockey Cup, Inc., its directors, officers, employees, agents, volunteers and all persons engaged in activities related to the New York International Hockey Cup, Inc. to indemnify and hold harmless, each and every one of them from and against all claims, liability, loss cost, damages and expenses which may arise out of, or in connection with, all facilities, including without limitation, all claims that might arise for personal injury or property damages to the members of this organization. I also give consent to administer first aid and emergency transportation to the nearest appropriate medical facility.

**Authorized Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Country:** \_\_\_\_\_

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

**Tel:** \_\_\_\_\_

\_\_\_\_\_

**Fax:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**\* Entry fee and this Application Form to be submitted by Dec. 1, 2006. Please make checks payable to: N.Y.I.H.C., Inc. Receipt of payment does not guarantee entry. If team is accepted and cancels its participation, entry fee is non-refundable.**