

Liability Waiver

2026-2027 Season

Player Name: _____

I hereby give my consent for the above mentioned player to play hockey under the auspices of the Saint Clair Shores (SCSHA) Michigan Flyers Special Hockey. I hereby acknowledge that the SCSHA Michigan Special Hockey does not provide medical or accident insurance, and that I am responsible for any medical, dental, or similar expenses that may be incurred as a result of any accident that may occur to the above mentioned player.

I agree that I shall provide health insurance to cover any personal injury and property damage sustained by the above mentioned player while participating in any activities of the SCSHA Michigan Flyers Special Hockey, including practices, scrimmages, skills sessions, games, transportation, and other activities related to the program. In consideration of such, the undersigned hereby releases and discharges the program, SCSHA Michigan Flyers Special Hockey, its operators, employees, agents, supervisors, instructors, volunteers, and other players from all claims, demands, rights, or causes of action present or future, whether known or anticipated and resulting from or arising out of or incident to the above mentioned players participation in said program. This is also my permission to have the above mentioned player admitted and attended to for medical and dental treatment in case of sickness or injury.

Parent/Guardian Signature: _____

Date: _____