

Play On For Stollery

Player Registration Information

Britec Computer Systems is proud to extend you an invitation to participate in this year's Play on for Stollery. This game is being hosted by Britec in support of the Stollery Children's Hospital.

Where: Castledowns Arena – Surface 'B' 11520 153 Avenue NW

When: February 6, 2011 at 8:30 PM

Registration is \$50.00 per player, cost includes – complimentary jersey, chance to win prizes, and a great time

There will also be a silent auction and fun activities for everyone.

Additional information can be found at www.britec.com

If you have any questions with regards to this event please feel free to contact Trevor Lamson (trevor@britec.com) or call 780.414.0056

Registration deadline February 4, 2011

Please provide the following information and submit along with your \$50.00 registration fee. Checks can be made payable to Britec Computer Systems Ltd.

First Name: _____

Last Name: _____

Phone: (____)____ - _____

Cell: (____)____ - _____

Email Address: _____

Desired Position: _____

Last Level of Hockey Played: _____

Please Fax to (780) 665.0251 or mail to:

Attn: Play on for Stollery
c/o Britec Computer Systems Ltd.
#111, 4208 – 97 St
Edmonton, Alberta. T6E 5Z9.

Your registration will be confirmed upon receipt of \$50.00 player registration fee.

Play on for Stollery Waiver

Participant's name: _____

Participant's address: _____

Participant's telephone #: _____

Participants Date of Birth _____

Arena Contract Holder/Activity: Trevor Lamson – Britec Computer Systems Ltd.

Release of Liability, Waiver of Claims and Assumption of Risks and Indemnity Agreement

I, _____ agree to abide by the rules, regulations, policies and procedures of the Arena contract holder and agree to use the facility and equipment in a manner consistent with its intended use and application.

I understand and agree that my participation in this hockey game is strictly voluntary. I further agree that in the event of a personal injury or property loss, as a result of my participation in this game, I accept full responsibility and I will not hold the contract holder, its employees, volunteers, contractors, agents or other parties liable.

I am executing this release and waiver of liability agreement freely; I acknowledge having read the agreement before signing it.

_____	_____	___/___/___
Participant print your name	Signature of participant	MM DD YYYY
if 18 years of age and older	if 18 years of age and older	

_____	_____	___/___/___
Witness, print your name	Signature of Witness	MM DD YYYY

Contact Information for Medical Emergency

In case of an emergency, please provide the following contact information:

Name: _____ Relationship: _____

Address: _____

Telephone #: _____ (H) _____ (C)