



## CALEDON FEMALE HOCKEY ASSOCIATION

### Mouth Guard - Authorization & Release

I, \_\_\_\_\_, am the parent or guardian of \_\_\_\_\_ (the "Player"). I understand that the policies of the Caledon Female Hockey Association ("CFHA") require all players to wear a mouth guard for CFHA on-ice activities including, but not limited to, playing ice hockey ("On-Ice Activities") unless the parent/guardian has signed and returned this Consent and Release form. I acknowledge that the CFHA recommends seeking advice from a dental professional prior to signing this Consent and Release.

I authorize the Player to participate in the On-Ice Activities without wearing a mouth guard. By signing below, I assume all risk and agree to release and indemnify the CFHA, its executive members and all its volunteers and associates from any claims, damages or injuries that may arise as a result.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Name of Parent/Guardian (Print)

\_\_\_\_\_  
Signature of Parent/Guardian