



Chesapeake Wild Hockey Club

2015-2016 PAYMENT/REFUND AGREEMENT

PAYMENT POLICY

All fees are payable by the date determined previously. I understand that I am responsible for full payment of the appropriate fees in accordance with the payment schedule. I further understand that failure to meet this payment obligation will result in my player(s) being suspended from participation in any Chesapeake Wild Hockey Club (CWHC) activity, including practice both on and off the ice, games, and other club activities/events. Reinstatement will only be allowed on receipt of full payment or a Board-approved payment plan. I also agree that there will be a \$25 fee for a returned check.

REFUND POLICY

Players who withdraw from the CWHC after placement on a team will be ineligible for any refund. This policy also applies to players who cannot play as a result of injury. As the parent/guardian of player, _____, I acknowledge the refund policy and agree to the fee payment terms.

RELEASE OF LIABILITY

I hereby agree to defend, indemnify, and hold harmless the CWHC, Ice World Ice Rink, volunteers, and contractors from any and all claims, liability, and losses (including attorneys' fees) resulting directly or indirectly from the player's participation in any of the CWHC activities. This agreement covers all aspects of the player's participation in the CWHC activities, including but not limited to activities at the Ice World Ice Rink and other facilities, and transportation to and from any of the CWHC activities. I understand that the agreement shall bind and extend to the player's and undersigned's heirs, executors, administrators, and representatives and to other members of the player's family. I further certify that my child is in good health and may participate in the abovementioned activities.

PHOTO RELEASE

I hereby grant full permission to the Chesapeake Wild Hockey Club to use either my photograph and name (if necessary) or my child's photograph and name (if necessary) in any publication, yearbook, website, or advertising materials (printed or electronic). This consent also serves to waive all rights of privacy or compensation that I may have in connection with the use of my photograph and/or name or my child's photograph and/or name.

Parent/Guardian Signature _____ **Date** _____