



HOCKEY PARTICIPATION PERMISSION, WAIVER, RELEASE AND INDEMNITY AGREEMENT

I/We, _____, am/are the parent(s) or legal guardian(s) of _____ (the "PLAYER"). I/We hereby give full consent and permission for the Player to participate in the Winterhawks Skating Center ("WSC") athletic program in the sport/training or sporting event of ice hockey ("Athletic Activity"). I/We understand that the Player's participation is completely voluntary. I/We do hereby affirm and acknowledge that I/we have been fully informed of the inherent hazards and risks associated with the Athletic Activity.

In consideration of the Player being permitted to participate in the Athletic Activity, the undersigned, parent(s) or legal guardian(s) of the Player, hereby agree(s) to the following terms and conditions set forth below:

1. Participation: Permission is granted for the Player to participate in the Athletic Activity with the understanding that Participation in this Athletic Activity is not required but is voluntary.
2. Risks: I/We understand and acknowledge that certain risks are inherent in participating in all sports or sporting events, including this Athletic Activity, and that those risks include but are not limited to:
 1. Colliding, hitting, rushing, running into, or making physical contact with opposing players, the Student's teammates, coaches, athletic staff, referees, or spectators;
 2. Falling, crashing, sliding, running into, or making physical contact with the ice, ground, wall, objects, or athletic equipment;
 3. Minor injuries such as scratches, bruises, and sprains;
 4. Major injuries such as eye injury or loss of sight, neck or spinal cord injuries, joint or back injuries, concussions, serious brain damage, fractures, ligament and/or cartilage damage, and injury to virtually all internal organs;

I/we assume liability and responsibility for any such risks associated with participation in the Athletic Activity, whether described in this Agreement, known or unknown, inherent or otherwise.

3. Expectations: I/We understand and acknowledge that the Player is expected to abide by all WSC rules during the course of the Athletic Activity and conduct him or herself in an exemplary social manner and display good sportsmanship at all time. I/We agree to direct the Player to cooperate with the WSC rules and directions and instructions of the coaches or other supervisory personnel in charge of the Athletic Activity. I/We understand that WSC has the authority to remove the Player from the Athletic Activity and deny the Player's participation in the Athletic Activity. WSC expects parents and legal guardians to model polite behavior and show support for effort and good sportsmanship. WSC coaching staff, teammates, and outside Players and coaches are to be treated with respect at all times.

4. Concussion Information Sheet: I/We acknowledge that I/we have received, read, and understand CDC's (Center for Disease Control and Prevention); "Concussion Fact Sheet."

5. Hold Harmless: I/We acknowledge that, as a condition of the Player's participation in this Athletic Activity, I/we hold harmless and waive any and all claims against WSC, its officers, employees, representatives, agents, students, and volunteers, including, but not limited to, claims arising out of any ordinary negligence of any officer, employee, representative, agent, student, or volunteer of WSC, or any loss or damage to personal property occurring during or by reason of the Player participating in this Athletic Activity.

6. Media Consent and Release for Minor Player: I/We hereby grant WSC and their agents the absolute right and permission to use photographic portraits, pictures, digital images or videotapes of My Minor Player, or in which My Minor Player may be included in whole or part, or reproductions thereof in color or otherwise for any lawful purpose whatsoever, including but not limited to use in any WSC publication or on the WSC websites, without payment or any other consideration.

I hereby waive any right that I may have to inspect and/or approve the finished product or the copy that may be used in connection therewith, wherein My Minor Athlete's likeness appears, or the use to which it may be applied.



I hereby release, discharge, and agree to indemnify and hold harmless the WSC and their agents from all claims, demands, and causes of action that I or My Minor Athlete have or may have by reason of this authorization or use of My Minor Athlete's photographic portraits, pictures, digital images or videotapes, including any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said images or videotapes, or in processing tending towards the completion of the finished product, including publication on the internet, in brochures, or any other advertisements or promotional materials.

7. Release from Third-Party Liability: I/We understand that WSC is not an agent of, and has no responsibility for, any third party including without limitation any sponsor or program that may provide any services, equipment, training or activities associated with the above mentioned Athletic Activity.

8. Indemnification: As a condition of the Player's participation in this Athletic Activity, I/we indemnify WSC for all claims against WSC from other individuals, entities, or other third parties, as a result of the Player's participation in the Athletic Activity and and/or conduct during the Athletic Activity, including but not limited to any injury, accident, illness, or death, or any loss or damage to personal property.

9. Medical Care: I/We consent to any of the staff, employees, agents and representatives of WSC administering or consenting to the administration of such emergency medical care to the Player during the Athletic Activity, as such person deems appropriate in the circumstances, and hereby authorize medical treatment in case of emergency and to provide all relevant information requested in the emergency and medical information form below.

10. Medical Insurance: I/We understand and acknowledge that WSC does not carry or maintain health, medical, or disability insurance coverage for the Player and therefore I/we agree to assume the responsibility for such insurance coverage on the Player for anything that occurs during the Athletic Activity.

11. Medical Conditions: Prior to the Player's participation in the Athletic Activity, I/we agree to provide to WSC current information concerning any medical or physical conditions, that WSC should be aware of, that if they arise during or in the course of the Athletic Activity, the Player may need immediate medical attention, such as but not limited to, allergies, asthma, and medications, of the Player, and names and phone numbers for emergency contact.

12. Severability: If any provision of this Agreement is held invalid or unenforceable, the remainder of this Agreement shall nevertheless remain in full force and effect. If any provision is held invalid or unenforceable with respect to particular circumstances, it shall nevertheless remain in full force and effect in all other circumstances.

IMPORTANT – READ ENTIRE AGREEMENT BEFORE SIGNING

I/WE HAVE READ THIS “ATHLETICS PARTICIPATION PERMISSION, WAIVER, RELEASE AND INDEMNITY AGREEMENT” AND I/WE FULLY UNDERSTAND THE TERMS. I/WE UNDERSTAND THAT I/WE HAVE GIVEN UP LEGAL RIGHTS BY SIGNING THIS DOCUMENT, AND I/WE SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. I/WE KNOW OF THE INHERENT RISKS AND DANGERS INVOLVED IN PARTICIPATING IN THE ATHLETIC ACTIVITY AND AGREE THAT THE PLAYER VOLUNTARILY EXPOSES HIM OR HERSELF TO THOSE RISKS.

THIS IS TO CERTIFY THAT I/WE, AS PARENT(S) OR LEGAL GUARDIAN(S) OF THE PLAYER, DO CONSENT AND AGREE THAT THE STUDENT CAN PARTICIPATE IN THE ATHLETIC ACTIVITY PURSUANT TO THE “ATHLETICS PARTICIPATION PERMISSION, WAIVER, RELEASE AND INDEMNITY AGREEMENT.”

Player's Full Name (Please Print)

Players USA Hockey Registration Number

s/_____
Signature of Parent/Legal Guardian

Name of Parent/Legal Guardian (Please Print)

Date

s/_____
Signature of Parent/Legal Guardian

Name of Parent/Legal Guardian (Please Print)

Date