



Midwest Hockey Program Waiver

- Player and family, fully accepts the rules of USA Hockey and the MHP AAA Hockey Program.
- Acknowledge that each participant is voluntarily engaging in activities that involve risk which might result not only from their own actions, inactions or negligence, but the actions, inactions or negligence of others, the rules of play, or the premises conditions or any of the equipment used, and that further, there may be a risk not known to the MHP AAA Hockey organizers or not foreseeable at this time.
- Assume all the foregoing risks as a condition of participation and accept personal responsibility for the damages following any such injury.
- Acknowledge that it is the participant's responsibility to be properly insured and/or pay all medical costs in case of an injury and to be knowledgeable of where to contact assistance in the case of an emergency. MHP AAA does not offer insurance.
- Intending to be legally bound, thereby, does hereby release, waive, unconditionally discharge and consent not to sue MHP AAA Hockey Program organizers, administrators, officers, directors, agents, coaches, and other employees, contractors or volunteers of the organization and corporation, for any and all liability to each of the above signed, his or her heirs and next of kin for any claim, demands, losses or damages on account or injury, including death or damage to property, caused or alleged to be caused in whole or part by the negligent to the release or otherwise in connection with association or entry in and /or arising in participation in any or all of the MHP AAA Hockey Program's official or unofficial activities, events or competitions.
- Hereby consent to accept responsibility for final decisions regarding continued participation if suffering from injuries. In addition, the undersigned certifies that the player is covered by the submitted health insurance plan during participation with the MHP AAA Hockey Program and accepts the potential costs for treatment that may or may not be covered by the stated insurance plan.

Player Name _____

Birth Date _____

Parents/Guardians Signature: _____ Date: _____