

Intent To Skate

(NAME OF SKATER)

**INTENDS TO SKATE FOR THE
WASECA HOCKEY ASSOCIATION
AS A**

(LEVEL OF PLAY)

IN 2019-2020

Parent Signature

Date



Waiver of Liability and Release Waseca Hockey Association

Participation in Waseca Hockey Association Leagues, Teams and/or Team Events

Dates: April 1, 2019 - October 1, 2019

Location(s) / Activities: Hockey activities at ALL training facilities and events conducted as a program (collectively, the "Activities").

Player's Name: _____

Player's Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian Name: _____

Parent/Guardian Email: _____ Parent Cell: _____

The Player and Parent/Guardian named above hereby agree, understand, and acknowledge as follows:

1. Prior to participating in Activities, I will inspect the facilities and equipment, & if I believe anything to be unsafe, I will not participate in Activities, and will immediately advise my coach / supervisor of such conditions.
2. That: (i) I am voluntarily participating in the Activities at my own risk; and (ii) such Activities involve risk of injury to person (including catastrophic injury, or death) or property which may be caused by forces of nature, other participants, equipment or facility malfunction, physical exertion, medical services or facilities not being readily available or accessible, and other causes, including but not limited to the Player's own actions, inactions, or negligence, or the actions, inactions, or negligence of others, the rules of play, the conditions of the premises, or any of the equipment used, including any risks not reasonably foreseeable to Waseca Hockey Association.
3. In consideration for the opportunity to participate in the Activities, I assume all of the foregoing risks as a condition of participation in the Activities, accept and assume full and personal responsibility for any and all risk of illness, injury to property or person, or death, related and incidental to my participation in such Activities, and any damages or liabilities resulting from any such injuries.
4. Except for gross negligence or willful misconduct by Waseca Hockey Association, I unconditionally: (i) release, waive and forever discharge WHA and its governors, managers, members, officers, employees, agents, affiliates, subsidiaries, employees, volunteers, coaches, successors, assigns, and predecessors, insurers, sponsoring agencies, sponsors, and advertisers (collectively, "WHA") from all known and unknown claims, demands, damages, actions or causes of action, on account of any illness, injury to property or person, or death which are related to or may occur from any cause during, before or after my participation in the official or unofficial Activities, events, or competitions (collectively, "Claims"; (ii) expressly agree to refrain from bringing suit or proceedings at law or in equity or otherwise as provided by law, against WHA, related to any such Claims; and (iii) agree to indemnify, defend, and hold WHA harmless from any loss, liability, damage or costs, including court costs and attorneys' fees, that WHA may incur due to any Claims or my participation in the Activities.
5. Accept responsibility for the coach's and/or Player's decision to continue participation if suffering from injuries.
6. Give consent and permission for: (i) medical data to be used anonymously in medical education & published studies of injury statistics & analysis; and (ii) use, without compensation, of my picture, name, voice or likeness for promotional, television, radio, or film coverage of WHA events and activities.
7. Give permission and consent to WHA to administer medical care in the event that I, or the Parent/Guardian of the Player, are unable to do so, and request that in my absence or inability to do so, grant permission for the Player to be admitted to any medical facility for diagnosis & treatment. In case of injury, accident or illness, I authorize: (i) any coach of my team and/or on-site volunteers or medical/first aid staff to provide appropriate medical treatment; and (ii) if an emergency transport is deemed necessary, an ambulance to transport the Player to a medical facility. I request & authorize physicians, athletic trainers, technicians, first aid personnel, nurses, & dentists, to perform any diagnostic, treatment, or operative procedures, & x-rays for the Player. I have been given no guarantee as to the results of examination or treatment, and accept total responsibility for any and all medical costs acquired by the Player. Note: By agreeing to this section, you have accepted responsibility for all medical expenses incurred regardless of whether you are covered by insurance.

I acknowledge, agree and represent that: (i) I have read this Waiver of Liability and Release ("Release"), understand it, and sign it voluntarily; (ii) no oral representations, statements, or inducements, apart from this Release, have been made to me; (iii) I am at least eighteen (18) years of age and fully competent, or if I am not age eighteen, the person(s) listed below as Parent / Guardian is the parent or guardian of the Player, and my parent(s) or guardian(s) agrees with the terms of this Release and executes it on my behalf, as well as on their own behalf, as to any Claims they may have arising from or related to the Activities; (iv) I execute this Release for full, adequate and complete consideration, fully intending to be bound by same; (v) this Release is in favor of WHA, and shall be binding on my heirs, representatives, successors and assigns; (iv) if any portion of this Release is held to be invalid, the remaining portions of the Release shall continue in full force and effect; and (vii) this Release shall be construed and interpreted in accordance with the laws of the state of Minnesota.

Parent/Guardian

Parent/Guardian Signature Date