

Player Movement

Risk Acknowledgment and Liability Waiver

Print Name of Participant:_____

I hereby acknowledge that I have petitioned, in writing, the Directors of the
(Association) Eastern Michigan Hockey Association
to permit my child to participate at an age level that is one year in age above USA Hockey's
recommended guidelines.

I understand and appreciate that the risk of injury may be greater and that the risk of injury from
hockey is significant, including the potential for permanent paralysis and death, and while
particular rules, and personal discipline may reduce this risk, the risk of serious injury does exist.

By my child's participating, I KNOWINGLY ASSUME ALL SUCH RISKS, both known and
unknown. Further, I agree to indemnify and hold the
(Association) Eastern Michigan Hockey Association,
Its officers, Michigan Amateur Hockey Association, and USA Hockey, Inc., harmless from any
and all liability, loss, expense, attorney's fees, or claims for injury or damages caused as the
result of my request.

I understand that the (Association) Eastern Michigan Hockey Association
Decision to move my child to the next higher age group is preliminary and reserves the right to
reverse its decision if it is felt that your child is not capable of participating at the higher age
level when his/her performance is observed in actual game situations by the coaches and the
Coaching Program Director.

Signature(s)

**I understand and agree to respect all these conditions of participation in USA Hockey
programs.**

Participant Signature:_____ Date:_____
(If participant is under 18 years of age)

Parent/Guardian Name (Print):_____ Date:_____

Parent/Guardian Signature:_____ Date:_____