

Youth Hockey Risk Acknowledgment and Liability Waiver For Players Consenting to Play-Up

Print Name of Participant: _____

Birth Date: _____ USA Hockey Registration # _____

USA Hockey Age Level: _____ Play-Up Level: _____

I/We _____, parent(s) or legal guardian(s) of _____ consent that he/she be permitted to play-up to the next age division as defined by USA Hockey and subject to the policies of Santa Fe Youth Hockey Association (SFHA). I have read and understand the SFHA Play-Up Policy and agree to all the terms, conditions and eligibility requirements that apply.

I understand that USA Hockey recommends that players stay in the age groupings defined by USA Hockey and stipulated in the USA Hockey Annual Guide as appropriate for their Birth Year. I understand and appreciate that in playing up, the risk of injury may be greater 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 harmless Santa Fe Youth Hockey Association and its officers and coaching staff, Land of Enchantment Amateur Hockey Association and USA Hockey from any and all liability, loss, expense, attorney's fees, or claims for injury or damages resulting from such participation.

I understand and agree to accept these conditions of participation.

Parent/Guardian Signature: _____

Parent/Guardian Name (print): _____

Date: _____

SFHA Registrar Signature: _____

Date: _____