			1
Social Security Number		M F	*OFFICE USE ONLY*
Social Security Number	Birthdate	Gender	Paid Player
'st Name	First Name	Middle	Paid Coach
			Initiation Program Instructor
Address			Previously Registered
City	State	Zip Code	Manager
()	Yes No		Paid Cash Check No.
Home Phone	U.S. Citizen		Received On / /
Parent/Guardian Last Name First Name	me Work Phone		Received By
-			
USA HOCKEY	Waiver Assumption of R	of Liability, Rel Risk & Indemnit	
fogether as USAH) and being allow pant, if applicable) waive, release wrongful death occurring to particip thereto, whenever or however they that participant (and participant's p	red to participate in USAH events a and relinquish any and all claims pant, arising out of participation in U occur and for such period said active arent(s) or legal guardian(s), if app	and member team activi for liability and cause USAH events, member t vities may continue, and plicable) may have are	its affiliates, local associations and member teams (all referred tities, participant (and the parent(s) or legal guardian(s) of partic (s) of action, including for personal injury, property damage cleam activities, the sport of ice hockey, and/or activities incidented by this agreement any such claims, rights, and causes of action hereby waived, released and relinquished, and participant (an executors, administrators and assigns.
activities, and understand that ice he walysis and death, and damages we gligence of the participant or the those arising from participating with and member team activities in an ag dangers not known to us or not reason and agree that all of the risks and cincluded within the waiver, release	cockey and member team activities which may arise therefrom and that negligence of others, including the holgger, faster and stronger participe group above that which participa anably foreseeable at this time. Partiangers described throughout this and relinquishment described in the	involve risks to partic I/we have full knowled e "releasees" identified ipants, and these risks a int would normally part ticipant (and participan agreement, including the preceding paragraph	nd assume all risks relating to ice hockey and any member tear ipant's person including bodily injury, partial or total disability lige of said risks. These risks and dangers may be caused by the below. These risks and dangers include, but are not limited to and dangers will increase if participant participates in ice hocket icipate in. I/We further acknowledge that there may be risks and t's parent(s)/guardian(s), if applicable) acknowledge, understand hose caused by the negligence of participant and/or others, and I/We agree to abide by and be bound under the rules of USA rently published. Copies are available to USA Hockey member
ice hockey rinks and related premi (including any cause of action based	ses and acknowledge and understant on negligence) arising from the per	and that included with rformance, or failure to	d assume the risks, if any, arising from the conditions and use o in the scope of this waiver and release is any cause of action perform, maintenance, inspection, supervision or control of said action of certain releasees, or negligent supervision or instruction
Participant (and participant's parent( releasees, he/she shall defend, inden for participant's personal injuries, pr	nnify and save harmless releasees fr	rom any and all claims	ipant's personal injury or wrongful death is commenced agains or causes of action by whomever or wherever made or presented
caused by negligence, including the	e negligence, if any, of releasees. articipants, coaches, officials, spons	"Releasees" include U	sonal injury, property damage, and wrongful death, including in JSA Hockey, Inc., its affiliate associations, local associations and operators of the premises used to conduct any event and
relied upon any representations of re necessary to allow amateur ice hocke	eleasees, that they are fully advised by to exist in its present form. Sign no liability coverage for claims of	i of the potential dange nificant exclusions may	been provided and have read the above paragraphs and have no ers of ice hockey and understand these waivers and releases are apply to USA Hockey's insurance policies, which could affect ther player. Read your brochure carefully and, if you have any
	Age	Date Signe	ed
PARTICIPANT SIG	NATURE		

Date Signed\_

PARENT OR GUARDIAN SIGNATURE (if Participant is 17 years of age or younger)

PARTICIPANT NAME (PRINT)