

**BYAHA Risk Acknowledgment and Liability Waiver/Application for Players Requesting to Play Up**

Print Name of Participant: \_\_\_\_\_ Birth date: \_\_\_\_\_

I/We \_\_\_\_\_, parent(s) or legal guardian(s) of \_\_\_\_\_ request that he/she be permitted to Play-Up to the next age division as defined by USA Hockey. I have read and understand the BYAHA Play-Up Policy and agree to all the terms, conditions and eligibility requirements that apply. I understand that requesting to play up does not guarantee the ability to make a team and understand that even if a player makes a play up team, BYAHA reserves the right to reverse that decision for any reason at any time. I assume the risk that if the player is not chosen for the play up team or is subsequently removed from the team; he/she is potentially forfeiting the ability to play on a travel team for the current age division. I understand that the BYAHA 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 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 BYAHA, its officers harmless from any and all liability, loss, expense, attorney's fees, or claims for injury or damages caused as a result of my request. I understand and agree to accept these conditions of participation.

Current Age Group: \_\_\_\_\_ Coaches: \_\_\_\_\_

Play Up Age Group: \_\_\_\_\_ Coaches: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (print): \_\_\_\_\_