Braintree Youth Hockey

PO Box 850176 Braintree, MA 02184

USA HOCKEY Waiver of Liability, Release,
Assumption of Risk & Indemnifying Agreement

For and in consideration of participant's registration with USA Hockey, Inc,. its Affiliate, Local association and member team (hereafter USAH) and being allowed to participate in USAH events and member team activities, the parent(s) or legal guardian(s) of participants relinquish any and all liability for and cause of action for personal injury, property damage or wrongful death occurring to participant arising out of participation in USAH events or member team activities or the sport of ice hockey, or and activities incidental thereto, wherever or however they occur and for such period said activities may continue, and by this agreement any such claims, rights, and causes of action that participant may have are hereby relinquished and the participant (or parent(s)/guardian(s)) does(do) so on behalf of my/our and participant's heirs, executors, administrators and assigns.

Participant and/or participant's parent(s)/guardian(s) acknowledge, understand and assume all risks inherent in ice hockey and any member team activities, and understand that said sport and activities involve risks to participant's person including bodily injury, partial or total disability, paralysis, and death, and damages which may arise therefrom and that I/we have full knowledge of said risks. These risks and dangers may be caused by the negligence of the participant or the negligence of others, including the "releasees" identified below. It is further acknowledged that there may be risks and dangers not known to use or are not reasonably foreseeable at this time.

Participant and/or participant's parent(s)/guardian(s) acknowledge, understand and assume the risks, if any, arising from the conditions and use of ice hockey rinks and related premises and acknowledges and understands that included within the scope of this waiver and release is any cause of action, arising from the performance, or failure to perform maintenance, inspection, supervision or control of said areas and for the failure to warn of dangerous conditions existing at said rinks, for negligent selection of certain releases, or negligent supervision or instruction by releasees.

It is the purpose of this agreement to exempt, waive and relieve releasees from liability to personal injury, property damage, and wrongful death caused by negligence, including the negligence, if any, of releasees.

'Releasees' include USA Hockey Inc., its Affiliate Associations, Local Associations, Member teams, event hosts, other participants, coaches, officials, sponsors, advertisers, owners and operators of the premises used to conduct any event and each of them, their officers, directors, agents and employees. Participant or participant's parent(s)/guardian(s) agree if any claim for participant's personal injury or wrongful death is commenced against releasees, he\she shall defend, indemnify and save harmless releasees from any and all claims or causes of action by whomever or wherever made or presented for participant's personal injuries, property damage or wrongful death.

Participant and/or participant's parent(s)/guardian(s) acknowledge that they have been provided and have read the above paragraphs and have not relied upon any representations of releasees, that they are fully advised of the potential dangers of ice hockey and understand these waivers and releases are necessary to allow amateur ice hockey to exist in its present form.

I understand that a deposit of $300.00 for single player and $500 for multiple players tryout fee is due at the time of registration, payable to: BRAINTREE YOUTH HOCKEY. I am also responsible for the replacement cost of any equipment or shirts not returned to BYH and I release BYH association, all its directors, officers, and coaches from all liability for any injuries that may occur to my child. I am fully aware hockey is a sport in which injuries may occur.

Player Information

First Name _____ Middle _____ Last _____ Birthdate (*mo/day/yr*) _____

Street Address _____ Apt# _____

City _____ State _____ Zip _____

Home Phone _____ Parents email _____

Parents Name _____ Parents or Guardian Signature _____

Names of other siblings registered for BYH _____

Player Level ☐ Instructional ☐ Mite ☐ Squirt ☐ PeeWee ☐ Bantam ☐ Midget ☐ Girls

Please check this box if this player is a goalie ☐

ORGANIZATION USE ONLY

Cash / Check # _____ Amount Rec'd _____ Rec'd by_____ Date_____ Tryout # _____