

Waiver of Liability, Release Assumption of Risk & Indemnity Agreement

ACKNOWLEDGEMENT OF RISK

I am aware that playing or practicing to play/participate in any sport can be a dangerous activity involving MANY RISKS OF INJURY. I understand that the dangers and risks of playing or practicing to play/participate in hockey include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of my body, general health and well being. I understand that the dangers and risks of playing or practicing to play/participate in hockey may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life. I do not have any medical conditions that may impact my ability to participate in these hockey sessions.

INDEMNIFICATION AND RELEASE

In signing this waiver/participation form, I elect to participate at my own risk, and do thereby release JASON SCHMIDT, AYHL, SSPRD, AND FAMILY SPORTS CENTER, AND/OR ANY AFFILIATES ASSOCIATED WITH THE AFOREMENTIONED, together with their heirs, assigns, officers, representatives, agents, employees and members, sponsoring organization and owners of properties or facilities in or on which hockey is to be held, from all liability from injury to person, property, and/or reputation that I may receive and from all claims of said injuries growing out of, or resulting from playing hockey, or caused by any construction or condition of the facilities or equipment used in hockey.

I AGREE TO HOLD HARMLESS AND KEEP INDEMNIFIED JASON SCHMIDT, AYHL, SSPRD, AND FAMILY SPORTS CENTER, AND/OR ANY AFFILIATES ASSOCIATED WITH THE AFOREMENTIONED, its organizers, executives and their respective agents, officials, employees and representatives from and against any and all claims, actions, costs and expenses and demands with respect to death, injury, loss or damage to my person or property, including but not limited to those damages set out in the acknowledgment of risk, howsoever caused, arising out of or in connection with my taking part in hockey and notwithstanding that the same may have been contributed to or occasioned by the negligence of the said bodies, or any of them, their agents, officials, employees, or representatives. It is understood and agreed that this agreement is to be binding upon myself, my heirs, executors and assigns.

Heightened Hockey Colorado, LLC and its co-organizers are not responsible for lost or damaged personal property.

_____ Age _____ Date Signed _____

PARTICIPANT NAME (PRINT)

_____ Date Signed _____

PARENT OR GUARDIAN SIGNATURE

(Participants 17 years of age or younger)

PARENT OR GUARDIAN NAME (PRINT)

PHONE NUMBER