



MISSION BLACK ICE WAIVER FORM

NAME (FIRST & LAST):	
ADDRESS:	
CITY:	STATE, ZIP:
DATE OF BIRTH:	EMER. CONTACT:
TELE:	CELL:

Release of Liability Agreement

By signing this document you will waive legal rights, including the right to sue, and fully assume all such dangers and risk.

I _____, am aware that participating in a roller hockey league/tournament may involve dangers and risks including, but not limited to, the danger and risk to collision with other participants or man-made objects (sticks, pucks, boards, floor), and the risk of serious injury, and/or death and/or property damage. I freely accept and fully assume all such dangers and risk. In consideration of the members leagues, league managers, sponsors, rink owners, landlords, their directors, officers, Black Ice employees, agents, representatives, any volunteers associated with the roller hockey program (here in after referred to as "Releasees") permitting my participation in the roller hockey program I further agree to the following:

1. To abide by Black Ice rules and procedures and agree to wear required protective gear and other "official" equipment while participating in all practices, league games, and other activities.
2. To waive any and all claims that I may have against the Releasees.
3. To release Releasees from any and all liability for any loss, damage, injury or expense that I may suffer or that my spouse, heirs, or any other person related to me may suffer as a result of my participation in the program due to any cause whatsoever, including any negligence of the Releasees or otherwise.
4. To hold harmless and indemnify the Releasees from any and all liability for any property damage or personal injury to any third party, resulting from my participation in the program; and
5. That this release of liability shall be effective and binding upon my spouse, heirs, next of kin, relatives, executors, administrators, and assigns in the event of participants death.
6. I warrant that I am in good health and I have no physical condition that may affect my performance or my ability to play the sport or that may create a greater risk of injury.

I have read and understand this release of liability prior to signing it, and I am aware that by signing this release of liability, I am waiving certain legal rights which I, my spouse, heirs, next of kin, relatives, executors, administrators and assigns may have against the Releasees.

Signed: _____ Dated: _____

Print Name: _____

(If applicant is under 18, the Parent or Guardian must execute the following in addition to the above). I am the Parent or Guardian of the above applicant and on behalf of the applicant and myself I agree to execute this release of liability. I acknowledge the risk and dangers associated with the sport of roller hockey and voluntarily accept and assume liability of the possibility of injury, damage, death or loss resulting there from on behalf of myself and the applicant. I waive any and all claims and agree to release and hold harmless and indemnify Releasees as enumerated above on behalf of the applicant.

Signed: _____ Dated: _____

Print Name: _____