

**PARENTS/GUARDIANS MUST READ, COMPLETE AND SIGN BELOW**

*For Players 17 Years of Age Only*

PLAYER'S NAME \_\_\_\_\_

BIRTH DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

PARENTS/GUARDIANS NAMES \_\_\_\_\_

In consideration of my/our child being younger than the required age to participate in the Delran Hockey League, a voluntary activity undertaken by my/our child during the 2018 Spring Season, and understanding that there are certain risks both in connection with such activity and in traveling to and from such activity, and, intending to be legally bound hereby, each of the undersigned, for himself/herself and on behalf of the child, as well as their heirs, assigns and legal representatives, expressly agrees to:

- 1) Release, waive, discharge and agree not to sue *DELRAN HOCKEY LEAGUE*, and its successors, assigns, affiliates, coaches and agents, from all manner of actions and causes of actions, suits, debts, accounts, judgments, claims and demands whatsoever in law or equity, and attorneys fees, including all claims arising out of any incidents involving personal injury, arising in any way by participation in the activity
- 2) Assume any and all risks involving in or arising from participation in the activity, including without limitation, the risks of death, bodily injury, or property damage.
- 3) Indemnify, defend and hold harmless *DELRAN HOCKEY LEAGUE* and its successors, assigns, affiliates, coaches and agents from, any and all claims, causes of action, damages, judgments, costs or expenses, including attorneys fees, arising in any way by participation in the activity
- 4) Ascertain whether my/our child has any health condition that makes it inadvisable for him to participate in the activity.

My signature below indicates that I have read all of the above material and fully understand this waiver as well as the risks and hazards that apply to participation in this activity. I, as the parent/legal guardian, request that my son/daughter/dependent be considered one year older than his/her true age to be able to participate in this inline hockey league. I also understand that the effect of approval of this request may result in my child/dependent playing with and competing against older, larger, and stronger players and that this may result in a greater risk of injury and or harm to my child/dependent. By signing this document I realize that I am waiving certain legal rights on my behalf and on behalf of my/our child. I have done so voluntarily.

PARENT/GUARDIAN NAME (Please Print) \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

DATE \_\_\_\_\_, 2018