

*******PLAYER WAIVER & RELEASE OF LIABILITY*******

Date: _____ / _____ / _____ D.O.B.: _____ / _____ / _____

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: FL Zip: _____

Parent/Guardian Name (If player is under age 18): _____

Email Address: _____

Cell Phone : (_____) _____ - _____ Home Phone : (_____) _____ - _____

IN CASE OF EMERGENCY

Primary Contact: _____ Phone : (_____) _____ - _____

Secondary Contact: _____ Phone : (_____) _____ - _____

I (parent or guardian if applicable) hereby give my consent and agree to release, indemnify, and hold harmless Orlando Ball Hockey, LLC/Derek Miller, Seminole County FL and all their representatives, including referees, staff management, scorekeepers, directors, officers, and owners from any claim arising from personal injury, property damage or loss of property to the above-named individual. I understand that Orlando Ball Hockey, LLC/Derek Miller, do not carry insurance to cover participants in the activity of which I am registered, and that if I so choose to participate, it is at my own personal risk. I understand the hardness of the playing surfaces and dasher-boards, as well as the roughness, dangers and physical demands associated with the sport of Dek Hockey itself, and assume all liability and responsibility associated with the potential risks involved as a result of my participation in this, or any other event hosted by Orlando Ball Hockey, LLC/Derek Miller. I grant Orlando Ball Hockey, LLC/Derek Miller, the right to record, photograph and/or video myself in participation in league related activities, and to use the photographs and/or videos in future brochures and/or commercials, or other such public forums as desired.

GUARANTEE OF COMPLIANCE TO THE RULES OF ORLANDO BALL HOCKEY, LLC

In the event of any dispute, the undersigned agrees to adhere to all rules and policies established by Orlando Ball Hockey, LLC/Derek Miller, as well as to abide by all rulings and decisions made by Orlando Ball Hockey, LLC/Derek Miller and its representatives. Orlando Ball Hockey, LLC/Derek Miller, reserve the right to refuse participation to any player and/or team if such action is deemed to be in the overall best interests of the league. A copy of the rules/policies will be available for review onsite and online at www.orlandoballhockey.com, and a copy of such may be obtained by submitting a request to Orlando Ball Hockey, LLC/Derek Miller.

EMERGENCY AUTHORIZATION

I (parent or guardian of the participant, if a minor), do hereby authorize Orlando Ball Hockey, LLC/Derek Miller and their representatives, coaches, assistants, adult team members or parents of team members to act in capacity of activity supervisors as agents for the undersigned to consent to medical, surgical, or dental examination or treatment, etc. in cases of emergency. I hereby authorize treatment and/or care of the registered player in any hospital and by any medical physician. If there is an emergency and I cannot be reached, please contact the below listed emergency name and phone number, (family, friend or neighbor).

*******PLEASE READ ALL OF THE ABOVE BEFORE YOU SIGN! ALL FEES ARE NON-REFUNDABLE*******

Player Signature: _____

Parent/Guardian Signature (If player is under 18): _____