

**AMATEUR ATHLETIC
WAIVER AND RELEASE OF LIABILITY**

In consideration of being allowed to participate in any way in the NASSAU_SUFFOLK DEKHOCKEY athletic programs, related events and activities, the undersigned acknowledges, appreciates, and agreed that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assign, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS NASSAU-SUFFOLK DEKHOCKEY, NSD, Inc., their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, Twin Rinks Acquisition Company LLC, Nassau County, the New York Islanders Hockey Club, L.P., the National Hockey League and its member clubs, and each of their respective members, owners, governors, officers, directors, employees, agents, contractors, volunteers, successors, assigns and any other person or entity doing business with or on behalf of the above-listed entities, and their affiliates (collectively, the "Indemnitees"), and if applicable, owners and lessors of premises used to conduct the event ("Releases") WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. .

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.

For Participants of Minority Age (Under Age 18 at Time of Registration)

This to certify that I, as parent/guardian of with legal responsibility for this participant, do consent and agree to his/her release as provided above of all Releasees, and for myself, my heirs, assigns and next of kin, I release and agree to indemnify the Releasees from any and all liabilities to my minor child's involvement or participation in these programs as provided above.

Print name (Child's) _____ Date of Birth (Child's) _____

Address _____ Town/Zip _____

Parents' Signature _____ Date Signed _____

Phone # _____

Email: _____