

WASILLA OUTDOOR YOUTH HOCKEY RISK ACKNOWLEDGMENT AND LIABILITY WAIVER FOR PLAYERS REQUESTING TO PLAY-UP

PRINT NAME OF PARTICIPANT: _____ **BIRTH DATE** _____

I/We _____, parents(s) or legal guardian(s) of _____ request that he/she be permitted to Play-Up to the next age division as defined by USA Hockey. I have read and understand the WOYHA Play-Up Policy and agree to all terms, conditions and eligibility requirements that apply.

I understand that WOYHA recommends that players stay in the age groupings defined by USA Hockey and stipulated in the USA Hockey Annual Guide as appropriate for their birth year. I understand and appreciate that in playing up, the risk of injury may be greater and that the risk of injury from hockey is significant, including the potential for permanent paralysis and death and while particular rules and personal discipline may reduce this risk, the risk of serious injury does exist.

By my child's participating, **I KNOWINGLY ASSUME ALL SUCH RISKS**, both known and unknown. Further, I agree to indemnify and hold WOYHA, its officers, ASHA, and USA Hockey, Inc., harmless from any and all liability, loss, expense, attorney's fees, or claims for injury or damages caused as a result of my request.

I understand and agree to accept these conditions of participation.

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (print): _____