

GLACIAL GARDEN ADULT ICE HOCKEY LEAGUE

PLEASE FILL OUT COMPLETELY AND CLEARLY

USA

WAIVER

PLAYER INFORMATION

FIRST _____ LAST _____ DOB ____/____/____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

BEST CONTACT TEL NUMBER _____

EMAIL ADDRESS _____

EMERGENCY CONTACT PERSON _____ TELEPHONE # _____

USA HOCKEY CONFIRMATION NUMBER _____

TEAM INFORMATION

TEAM NAME _____ JERSEY NUMBER _____

LEVEL LEV 1 LEV 2 LEV 3 LEV 4 LEV 5 LEV 6

LEV 7 LEV 8 INIT 50+ 45+ 35+

SECOND TEAM INFORMATION

TEAM NAME _____ JERSEY NUMBER _____

LEVEL LEV 1 LEV 2 LEV 3 LEV 4 LEV 5 LEV 6

LEV 7 LEV 8 INIT 50+ 45+ 35+

REFUND AND INJURY POLICY

League Dues are absolutely NON REFUNDABLE. In the event of injury, the League will investigate each incident on a case-by-case basis to determine whether a credit will be issued. It is the player's responsibility to inform the League of any injuries within 48 hours of the incident. Credits will only be considered from the point that the league is notified. A credit is NOT GUARANTEED.

Acknowledgement of Refund/Injury Policy _____

I acknowledge that I have read, and agree to the terms of the Garden Glacial Skating Arena liability waivers.

By signing this registration form and waiver, I agree to abide by all the rules as stipulated by USA Hockey and Glacial Gardens Adult Hockey League. Moreover, I am aware that the League Rulebook is available online at www.glacialgardens.com for my perusal at any time.

Release, Acknowledgment or Risks and Indemnity Agreement

This document affects your legal rights. You must read and understand it before signing it

I, the above named person being 18 or older in age or the guardian of the above named person who is under the age of 18, in consideration of the services of Glacial Garden, LLC, a California limited liability company and/or Glacial Garden Inc, a California Corporation (hereafter referred to as "Glacial Garden") or its officers, directors members, agents, employees, coaches, representatives and assigns (herein collectively referred to as "Releasees"), the rate charged for those services and the right to engage in this activity as a participant, and or volunteer, hereby acknowledge, agree, promise and covenant with Releasees on behalf of myself, my heirs, successors, assigns, personal representatives and estate as follows.

ACKNOWLEDGEMENT OF RISK: I UNDERSTAND AND ACKNOWLEDGE that any activity that I am about to voluntarily engage in as a participant or volunteer bears certain known risks and unanticipated risks which could result in INJURY, PHYSICAL OR MENTAL ILLNESS OR DISEASE OR DAMAGE to myself, to my property, to spectators or third parties. I understand and acknowledge those risks may result in personal claims against Releasees, or claims against me by spectators or other third parties. These risks include but are in no way limited to the following: (1) the risks which are inherent in the activities of ice hockey, ice skating and hockey tournaments, events and competitions; (2) the acts, omissions, or negligence in any degree of the Releasees, or their agents or employees; (3) latent or apparent defects or conditions in equipment, property, or facilities provided by the Releasees, or their agents or employees; (4) physical contact with other participants, players or competitors, whether or not the contact is intentional or unintentional; (5) my own physical condition, or lack thereof, and my own acts or omissions; (6) first aid or emergency treatment, or other services rendered or failed to be rendered by Releasees, or their agents or employees; and (7) risks of contact by equipment, pucks, or other components utilized by other participants, players or competitors. I UNDERSTAND AND ACKNOWLEDGE that the above list is not complete and exhaustive and that other risks known and unknown, identified and unidentified, anticipated and unanticipated, may also result in injury, death, disease, or damage to myself, to my property, or to spectators, or other third parties.

ACCEPTANCE OF RISK AND RESPONSIBILITY: I VOLUNTARILY AGREE, COVENANT AND PROMISE TO ACCEPT AND ASSUME ALL RESPONSIBILITIES AND RISKS OF INJURY, DEATH, ILLNESS, DISEASE OR DAMAGE to myself or to my property arising from my participation in this activity. I expressly agree, consent and promise to accept and assume all responsibility and risk to injury, death, illness, disease, or damage to spectators or other third parties and their property arising from my participation in this activity. My participation in this activity is purely voluntary. No one is forcing me to participate in spite of the risks.

RELEASE: I VOLUNTARILY RELEASE AND FOREVER DISCHARGE AND CONVENT NOT TO SUE Releasees and their agents and employees, and all other persons or entities affiliated therewith, from any and all liability, claims, demands, actions or rights or action, which are related to, or arise out of, or are in any way connected with my participation in this activity, including but not limited to any and all negligence, fault or strict liability of Releasees and their agents or employees and all other persons or entities, from any injury, death, illness, disease, or damage to myself or my property.

INDEMNIFICATION: I FURTHER AGREE, PROMISE AND CONVENT TO HOLD HARMLESS AND TO INDEMNIFY Releasees and their agents or employees, and all other persons or entities related thereto, from all defense costs, including attorneys' fees, and from any other costs incurred in connection with claims for bodily injury or property damage which may negligently or intentionally cause to spectators or other third parties in the course of my participation in this activity.

RELEASE OF UNKNOWN CLAIMS: The releases extended in this document are general releases am aware of provisions of California Civil Code Section 1542, which reads as follows "A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor." I hereby expressly waive all the benefits of Section 1542 and any other similar law or jurisdiction.

COVENANT NOT TO SUE: I FURTHER AGREE, PROMISE AND COVENANT NOT TO SUE, assert, or otherwise maintain or assert any claim against Releasees or their agents or employees, and all other persons or entities, for any injury, death, illness or disease, or damage to myself or to my property, arising from or connected with my participation in this activity or from any claims asserted against me by spectators or other third parties. IN SIGNING THIS DOCUMENT, I FULLY RECOGNIZE THAT IF ANYONE IS HURT OR DIES OR PROPERTY IS DAMAGED WHILE I AM ENGAGED IN THIS ACTIVITY, I WILL HAVE NO RIGHT TO MAKE A CLAIM OR A FILE A LAWSUIT AGAINST RELEASEES OR THEIR OFFICERS, AGENTS OR EMPLOYEES, EVEN IF THEY OR ANY OF THEM NEGLIGENTLY CAUSED THE DEATH, BODILY INJURY OR PROPERTY DAMAGE.

ACKNOWLEDGEMENT OF EFFECT OF THIS RELEASE AGREEMENT: I UNDERSTAND AND ACKNOWLEDGE that by initialing and/or signing this document I have given up certain legal rights and/or possible claims which I might otherwise assert or maintain against Releasees or their agents or employees, and other persons or entities, including but not limited to rights arising from claims for acts or omissions, faults or negligence in any degree of Releasees and their agents or employees, and all other persons or entities. I UNDERSATND AND ACKNOWLEDGE that by initialing and/or signing this document, I have assumed responsibility and LEGAL LIABILITY for the claims and other legal demands, including defense costs, which may be asserted by spectators or other third parties against me as a result of my participation in this activity.

PARTICIPANT INSURANCE BENEFITS AND REPRESENTATION OF PHYSICAL CONDITION: I UNDERSTAND AND ACKNOWLEDGE that no major medical insurance benefits will be provided to me during this activity other than by and through my registration with USA Hockey. Registration with USA Hockey is required prior to participation in any activity associated with Glacial Garden. If for any reason, I have not registered with USA Hockey, I certify that I have sufficient health, accident and personal liability insurance to cover any bodily injury, property damage, or dismemberment I may incur while participating in this activity, and to cover bodily injury, property damage caused to a third party as a result of my participation in this activity. I certify that I am capable of personally paying for any and all expenses, damages, or liabilities that are not covered by insurance. I FURTHER ACKNOWLEDGE that I am in good physical and mental health, and not suffering from any condition, disease or dismemberment which could potentially affect participation in the activity, or otherwise cause harm or injury to myself or any other person. Glacial Garden does not provide insurance coverage for participants.

USA HOCKEY RULES: (Zero Tolerance) I the above signed (named participant) agree to comply with USA HOCKEY'S POLICY of "ZERO TOLERANCE". This applies to all programs concerning physical altercation (fighting); use of obscene, profane or abusive language; challenging or disputing officials or disrupting any event. I understand these violations can result in being ejected from a game, suspended or removed from a program permanently.

USA HOCKEY EQUIPMENT: I, THE ABOVE SIGNED (NAMED PARTICIPANT) WILL COMPLY WITH ALL USA Hockey equipment requirements involving "any" hockey activity and wear the following: (A) a H.E.C.C. approved helmet with strap and full face cage for youth & goaltenders with colored mouth guards connected to the cage. Glacial Garden recommends that all adult applicants wear full-face protection in the adult hockey tech divisions All adult participants are encouraged to wear the minimum of a Half-Shield face protection. Youth players must wear and all adult participants are encouraged to wear (B) Shoulder pads and (C) Elbow pads. All applicants/participants must wear: (D) Jersey, (E) Gloves, (F) Protective Cup, (G) Pants (with girdle), (H) Knee/shin Pads, (I) Hockey Socks, (J) Ice/In-Line Hockey Skates, and (K) Hockey Stick of which the butt-end must be taped. If a player is injured and is not wearing all the required and/or recommended equipment, the insurance MAY not be in effect to cover the claim.

GENERAL STIPULATIONS: (A) All applicants agree to pay their entire fee as agreed to on individual Registration Form. (B) Glacial Garden, reserves the right to change start dates and times. (C) Cancellation period applies "only" prior to start date of the program and no refunds will be considered after that period. No refunds will be allowed for registration or membership fees. (D) In the event a player cannot attend the regularly scheduled game or session, a make-up session or game "may not" be taken. Glacial Garden, reserves the right to cancel this contract for "any default" by the participant within the terms of this contract. Glacial Garden cannot be responsible for any lost or stolen property. A N.S.F. check requires immediate reimbursement or the player will be suspended from participation until proper payment is made.

GENERAL MEDICAL TREATMENT: I HEREBY PERMIT Glacial Garden, LLC and its employees, agents, to authorize any medical treatment for me in the event of an emergency.

AUTHORIZATION TO TREAT A MINOR: I (we), the above signed parent or legal guardians of the above named participant who is a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable and rendered under the general or specific supervision of any member of the medical staff or emergency staff licensed under the provisions of the Medical practice Act and on the staff of any accredited general hospital holding current license to operate as a hospital in the state of California. It is understood that this authorization, given in advance of any specific diagnosis, treatment or hospital care being required, is given to provide authority and power to render care which the aforementioned physician in the exercise of his or her own best judgement may deem advisable. It is understood that the effort shall be made to contact the above signed prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the above signed cannot be reached.

PHOTO AND VIDEO RELEASE: I grant full permission to use any photographs, video tapes, and/or pictures of any practice or league game activity for promotional or instructional purpose.

ENTIRE AGREEMENT: I understand that this is the entire agreement between the above signed and the Releasees and their agents or employees, and that it cannot be modified or changed in any way by the representations or statements of Releasees or any employee or agent of Releasees, or by the above signed.

PLEASE PRINT AND SIGN

DATE