

**REDHAWKS HOCKEY ASSOCIATION  
RELEASE/WAIVER FORM**

Player Name \_\_\_\_\_ Year \_\_\_\_\_

Parents Name \_\_\_\_\_

Parents Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

**Player Authorization and Agreement**

I, parent or guardian of \_\_\_\_\_, hereinafter referred to as "player" consent and approve said player's registration to tryout for and participate on a team and/or in any other activities operated or sponsored by Redhawks Hockey Association, an Illinois not-for-profit corporation, for the current year (which is defined as from about August 1, 2010 until July 31, 2011) and further remise, release and forever discharge Redhawks Hockey Association, its sponsors, directors, officers, coaches, managers, agents, and volunteers of and from any and all claims which I may sustain from injury or otherwise to said player arising directly or indirectly out of or in connection with his/her enrollment and/or participation in tryouts, evaluation, on a team and/or in other activities, during the current year defined as aforesaid, whether due, in whole or part, to the negligence of Redhawks Hockey Association, its sponsors, directors, officers, coaches, managers, agents or volunteers.

In the event said player is offered and accepts an invitation to participate on a team operated by Redhawks Hockey Association for the current year, I do agree to pay all assessments of Redhawks Hockey Association pertaining to said player. I do further agree, upon request, to furnish a copy of the birth certificate of said player.

Date \_\_\_\_\_

Signature of Player \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

## **Hold Harmless Agreement**

I recognize and acknowledge that ice hockey is a game in which there are risks of injury to the participants. Because of this, and desiring that \_\_\_\_\_ participate in tryouts, evaluations, on a team and/or in other activities operated or sponsored by the Redhawks Hockey Association, its sponsors, directors, officers, coaches, managers, agents or volunteers. This indemnification extends to and includes any and all attorney's fees and/or other expenses incurred in defending all claims, which may be asserted against the Redhawks Hockey Association, its sponsors, directors, officers, coaches, managers, agents or volunteers, in enforcing the provisions of this Hold Harmless Agreement.

Date \_\_\_\_\_

Signature of Player \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

## **Medical-Surgical Authorization**

In the event \_\_\_\_\_, a participant in activities operated or sponsored by the Redhawks Hockey Association, is injured while attending such activities, and after reasonable effort, I have not been reached, I the undersigned, being parent or guardian of said participant, hereby authorize and direct any of the directors, officers, coaches, assistant coaches, or managers of the Redhawks Hockey Association to authorize and approve x-ray examinations, anesthetic, medical and surgical treatment and hospital care for said participant.

I the undersigned, agree to indemnify and hold the Redhawks Hockey Association, its sponsors, directors, officers, coaches, managers, agents and volunteers harmless from any and all costs and from any and all liability for damages, which may result from action taken pursuant to the above authorization.

Date \_\_\_\_\_

Signature of Player \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_