

WATER CITY ROLLER HOCKEY, INC.

REGISTRATION/SIGN-UP FORM

Name _____ USA HOCKEY INLINE # _____

If Minor, Parent Name(s) _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Work Phone _____ Emergency Phone _____

Age _____ Date of Birth _____ Email _____

Current Water City Division & Team Name _____

Beginner _____ Intermediate _____ Experienced _____ Youth _____ Adult _____

Previous Hockey Experience _____

Would you like to: Coach? _____ be a Team Rep? _____ be a Goalie? _____

Please return this signed player information sheet with full league dues.

**READ WAIVER OF LIABILITY AND RELEASE AGREEMENT
ON BACK OF THIS FORM BEFORE SIGNING**

Upon entering events sponsored/sanctioned by Water City Roller Hockey, Inc., and/or it's sanctioned Leagues, I/We agree to abide by the rules of Water City Roller Hockey, Inc. as currently published. I/We understand and appreciate that participation or observation of the sport constitutes a risk to me/us of serious injury, including permanent paralysis or death. I/We voluntarily and knowing recognize, accept and assume this risk and release Water City Roller Hockey, Inc., its affiliates, their sponsors, event organizers and officials from any liability therefore. My signature below indicates that I have read this entire document, including Release Agreement on back, understand it completely, and agree to be bound by its terms.

PARTICIPANT SIGNATURE _____ DATE SIGNED _____

PARENT OR GUARDIAN SIGNATURE (if under 18) _____

All participants of WCRH are required to be a current member of USA Hockey Inline.

Refunds are subject to a \$15 processing fee.

Checks made out to **Water City Roller Hockey, Inc.**

Mailing Address: 2800 Second Ave., Marina, CA 93933 (831) 384-0144 FAX: (831) 384-0785

Please Do Not Write Below This Line (**Office Use Only**)

Youth \$180 Early Pay \$160 (Save \$20.00)

Delta	Loch	Rogue	TBay	HKY1A	Youth
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Adult \$180 Early Pay \$160 (Save \$20.00)

Season _____ Camp _____ Clinic _____ Drop in _____

Date _____ Amount Paid _____ Ck# _____ Cash _____ VISA/MC/DISC _____

RELEASE, ACKNOWLEDGEMENT OF RISKS AND INDEMNITY AGREEMENT

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

I, the above-named person being 18 or older in age, or the legal guardian of the above-named person who is under 18, in consideration of the services of Water City Roller Hockey, Inc., a Delaware Corp. doing business in California, and of its officers, directors, members, managers, 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, and my heirs, successors, assigns, personal representatives and estate, as follows:

Acknowledgement of Risks

I UNDERSTAND AND ACKNOWLEDGE that the activity I am about to voluntarily engage in as a participant and/or volunteer bears certain known risks and unanticipated risks which could result in INJURY, DEATH, PHYSICAL OR MENTAL ILLNESS OR DISEASE, OR DAMAGE to myself, to my property, to spectators or to 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 roller hockey, roller skating, and hockey tournaments, events and competitions; (2) the acts, omissions or negligence in any degree of Releasees, or their agents or employees; (3) latent or apparent defects or conditions in equipment, property or facilities provided by Releasees or their agents or employees; (4) physical contact with other participants, players or competitors, whether or not such contact is intentional or unintentional; (5) my own physical condition, or lack thereof, and my own acts or omissions; (6) first aid, 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 or exhaustive, and that other risks, known or unknown, identified or unidentified, anticipated or unanticipated, may also result in injury, death, illness, 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 RESPONSIBILITY 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, covenant and promise to accept and assume all responsibility and risk for 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 COVENANT 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, 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, for any and all injury, death, illness, disease and damage to myself or to my property.

Indemnification

I FURTHER AGREE, PROMISE AND COVENANT TO HOLD HARMLESS AND TO INDEMNIFY Releasees and their agents and 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 I 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. I am aware of the 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 by 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 of any 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 NOT RIGHT TO MAKE A CLAIM OR 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 initialling 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 or claims for the acts or omissions, fault or negligence in any degree of Releasees and their agents or employees, and all other persons or entities. I UNDERSTAND AND ACKNOWLEDGE that by initialling and/or signing this document, I have assumed responsibility and LEGAL LIABILITY for the claims or 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 the insurance provided by the insurer of Water City Roller Hockey, Inc. Purchase of this insurance is required prior to participation in any activity associated with Water City Roller Hockey, Inc. If, for any reason, I have not purchased this insurance, I certify that I have sufficient health, accident, and personal liability insurance to cover any bodily injury, property damage, or disablement I may incur while participating in this activity, and to cover bodily injury or 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 disablement which would or could potentially affect participation in the activity, or otherwise cause harm or injury to myself or any other person.

Medical Treatment

I HEREBY PERMIT Water City Roller Hockey, Inc. and its employees, agents, and representatives to authorize any medical treatment for me in the event of an emergency.

Entire Agreement

I understand that this is the entire Agreement between the undersigned and the Releasees and their agents or employees, and that it can not be modified or changed in any way by the representations or statements of Releasees or any employee or agent of Releasees, or by the undersigned.