



Player Waiver, Release of Liability and Indemnity Agreement



I, the undersigned, acknowledge, agree and understand that:

1. Voluntarily and of my own free will elect to participate in **MSC Kyle Sports** and **AMBUCS LI**. Furthermore, I agree that I am in good health and proper physical condition to participate.
2. I understand that there are certain risks and hazards involved in participating and that may result in injury or death to me or other players including, but not limited to those hazards associated with, playing conditions, equipment and other participants.
3. I understand that the very nature of the Participation is hazardous and risky, including, but not limited to the acts of running, jumping, stretching, sliding, diving, skating and collisions with other players and with stationary objects, all of which can cause serious injury or death to me and other players.

Further, I undersigned player, agree that in consideration for the right to participate in the **MSC Kyle Sports** and **AMBUCS LI** and in consideration for permission to Participate:

1. I voluntarily elect to accept and assume all risks and injury incurred or suffered by me (a) while practicing or playing as a member of the team so designated. (b) while serving in a non-playing capacity as a team member during practice or play by other teams or by other players on my team, and (c) while on or upon the premises of any and all of the ice arranged for by my team or league for practice or play.
2. I hereby release, discharge and agree not to sue any owners, officers, agents, servants, associations, employees or any person or entity connected with **MSC Kyle Sports** and **AMBUCS LI** for any claim, damages, costs or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by me from whatever cause including but not limited to the negligence, breach of contract or wrongful conduct of the parties hereby released.

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE PROVISIONS IN THIS WAIVER RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

Name of Child (Print) _____ Phone _____

Address _____

Signature of Child (if 18 years old) _____ Date _____

Parent/Guardian/Com Hab Staff Member Waiver, Release of Liability and Indemnification Agreement

I, the undersigned parent or guardian of the above named minor, acknowledge, agree and understand that:

1. The above named minor is in good health and proper physical condition to participate in **MSC Kyle Sports** and **AMBUCS LI**.
2. There are certain risks and hazards involved in the above named minor participating in **MSC Kyle Sports** and **AMBUCS LI**.
3. that may result in injury or death to the minor or other players including, but not limited to those hazards associated with playing conditions, equipment and other participants.
4. I hereby release, discharge and agree not to sue any owners, officers, agents, servants, associations, employees, or any person or entity connected with **MSC Kyle Sports** and **AMBUCS LI** for any claim, damages costs or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by the above named minor from whatever cause including but not limited to the negligence, breach of contract or wrongful conduct of the parties hereby released.
5. I, the undersigned, do hereby grant permission to the **MSC Kyle Sports** and **AMBUCS LI** to use images of my child. Such use includes the display or use of photography or videos taken of my child for the use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, and digital images such as those on the **MSC Kyle Sports** and **AMBUCS LI** web site. I give unrestricted permission for my child's image to be used in print and digital media. I agree that these images may be used by the **MSC Kyle Sports** and **AMBUCS LI** for a variety of purposes and that these images may be used without further notifying me.

Initials: Yes for Photo Consent

No for Photo Consent

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE PROVISIONS IN THIS WAIVER RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

Name of Parent/Guardian/Com Hab Staff (Print) _____

Phone _____ Address _____

Signature of Parent/Guardian/Com Hab Staff _____ Date _____