



**PLEASE COMPLETE THE FOLLOWING INFORMATION (WRITE LEGIBLY)**

Name of Player: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ USA Hockey Registration #: \_\_\_\_\_

Years of Hockey Experience: \_\_\_\_\_ Position: \_\_\_\_\_

Name of Parents(s)/Guardian(s): \_\_\_\_\_

Telephone # of Parent/Guardian: (1) \_\_\_\_\_ (2) \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Telephone #'s: \_\_\_\_\_

Parents' Email: \_\_\_\_\_

## **WAIVER OF LIABILITY**

*In consideration of the participant being permitted to register and participate in ice hockey or any other activities at the Palm Beach Ice Works, I do hereby and forever release and discharge Palm Beach Ice Works, LLC, its directors, agents, employees and any other person or entity affiliated with Palm Beach Ice Works, LLC (collectively, Palm Beach Ice Works) from any and all manner of liabilities, damages, costs, claims, injuries or demands which I will, shall or may hereafter have, suffer or receive by reason of such participation in any program at Palm Beach Ice Works. I acknowledge that ice hockey is a potentially dangerous activity and I fully accept and assume all risks and responsibility for any injuries I may sustain as a result. I further agree that if, despite this express assumption of the rink and release, I or anyone on my behalf, shall make a claim against Palm Beach Ice Works, I will indemnify, save, and hold harmless Palm Beach Ice Works from any claim, loss, liability, damage, or cost, including attorneys' fees and costs, which Palm Beach Ice Works may incur as a result. This release shall be binding on my heirs, assigns, executors and administrators. I further acknowledge and agree that Palm Beach Ice Works has not and shall not be deemed to have guaranteed or warranted the condition, suitability, or fitness for a particular purpose, of any equipment used in any activity at Palm Beach Ice Works, whether or not provided by Palm Beach Ice Works.*

**I have read and understand this waiver.**

Signature: \_\_\_\_\_

Parent Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_