

**PIRHL Risk Acknowledgment and Liability Waiver
For Players Playing Up To The Next Age Group**

Print Name of Participant: _____ **Birthdate:** _____

I hereby acknowledge that I have petitioned the Directors of the Pennsylvania Interscholastic Roller Hockey League (PIRHL) to permit my child to participate at an age level that is one year in age above the PIRHL's recommended guidelines.

I understand that the PIRHL recommends that players stay in the age groupings defined by the PIRHL and AAU as appropriate for their birth year.

I understand and appreciate that the risk of injury may be greater and that the risk of injury from hockey is significant, including the potential for permanent paralysis and death, and while particular rules, and personal discipline may reduce this risk, the risk of serious injury does exist.

By my child's participating, I KNOWINGLY ASSUME ALL SUCH RISKS, both known and unknown. Further, I agree to indemnify and hold the AAU, PIRHL, its officers, - harmless from any and all liability, loss, expense, attorney's fees, or claims for injury or damages caused as a result of my request.

Signatures:

I understand and agree to respect all these conditions of participation in PIRHL programs.

Participant Signature: _____ **Date:** _____

(If participant is under 18 years of age)

Parent/Guardian Name (print): _____ **Date:** _____

Parent/Guardian Signature: _____