



Roller Hockey Alliance 2022 Weekend Warrior Form

Team Name _____

Division _____

Birthdate: _____

Last Name First Name Middle

Month / Day / Year

Street Address

Male

Female

City State Zip

() - _____

Mobile Phone

Email Address

Weekend Warrior(\$15) _____

Player _____ Coach _____ Referee _____

OFFICE USE ONLY

Amt. Received _____

Paid Cash _____

Check Number _____

Date Received _____

Received by _____

Waiver of Liability, Release Assumption of Risk and Indemnity Agreement

It is the purpose of this agreement to exempt, waive, and relieve releasees from liability for personal injury, property damage, and wrongful death, including if caused by negligence, including the negligence, if any, of releasees. "Releasees" include the Roller Hockey Alliance (RHA), its affiliate associations, local associations, member teams, event hosts, other participants, coaches, officials, sponsors, advertisers, and each of them, their officers, directors, stockholders, agents and employees.

I have examined the websites of and for the Centers of Disease Control and Prevention. I understand that the nature of the Activities may create scenarios where it is not possible to comply with the best practices for prevention of COVID-19 transmission (e.g., social distancing). I understand, acknowledge and assume the risks associated and participating in the Activities.

For and in consideration of the undersigned participant's registration with the Roller Hockey Alliance, its affiliates, local associations and member teams (all referred together as RHA) and being allowed to participate in RHA events and member team activities, participant (and the parent(s) or legal guardian(s) of participant, if applicable) waive, release and relinquish any and all claims for liability and cause(s) of action, including for personal injury, property damage or wrongful death occurring to participant, arising out of participation in RHA events, member team activities, the sport of roller hockey, and/or activities incidental thereto, whenever or how ever they occur and for such period said activities may continue, and by this agreement any such claims, rights, and causes of action that participant (and participant's parent(s) or legal guardian(s), if applicable) may have are hereby waived, released, and relinquished, and participant (and participant's parent(s) or legal guardian(s), if applicable) does(do) so on behalf of my/our and participant's heirs, executors, administrators, and assigns.

Participant (and participant's parent(s)/guardian(s), if applicable) acknowledge, understand and assume all risks relating to roller hockey and any member team activities, and understand that roller hockey and member team activities involve risks to participant's person including bodily injury, partial or total disability, paralysis and death, and damages which may arise therefrom and that I/we have full knowledge of said risks. These risks and dangers may be caused by negligence of the participant or the negligence of others, including the "releasees" identified below. These risks and dangers include, but are not limited to, those arising from participating with bigger, faster and stronger opponents and these risks and dangers will increase if participant participates in roller hockey and member team activities in and age group above that which participant would normally participate in. I/we further acknowledge that there may be risks and dangers not known to us or not reasonably foreseeable at this time. Participant (and participant's parent(s)/guardian(s), if applicable) acknowledge, understand and agree all of the risks and dangers described throughout this agreement, including those caused by the negligence of participant and/or others, are included within this waiver, release and relinquishment described in the preceding paragraph. I/we agree to abide by and be bound under the rules of the RHA, including the By-Laws of the corporation and the arbitration clause provisions, as currently published. Copies are available to RHA members upon written request. Participant (and participant's parent(s)/legal guardian(s), if applicable) acknowledge, understand and assume the risks, if any, arising from the conditions and use of roller hockey rinks and related premises and acknowledge and understand that included within the scope of this waiver and release is any cause of action (including any cause of action based on negligence) arising from the performance, or failure to perform, maintenance, inspection, supervision or control of said areas and for the failure to warn of dangerous conditions existing at said rinks for negligent selection of certain releases, or negligent supervision or instruction by releasees.

If the law in any controlling jurisdiction renders any part of this agreement unenforceable, the remainder of this agreement shall nevertheless remain enforceable to the full extent, if any, allowed by controlling law. This agreement affects your legal rights, and you may wish to consult an attorney concerning this agreement.

Participant (and participant's parent(s)/legal guardian(s), if applicable) agree if any claim for participant's personal injury or wrongful death is commenced against releasees, he/she shall defend, indemnify and save harmless releasees from any and all claims or causes of action by whomever or whatever made or presented for participant's personal injuries, property damage or wrongful death.

Participant (and participant's parent(s)/legal guardian(s), if applicable) acknowledge that they have been provided and have read the above paragraphs and have not relied upon any representation or releases, that they are fully advised of the potential dangers of roller hockey and understand these waivers and releases are necessary to allow amateur roller hockey to exist in its present form. Significant exclusions may apply to the Roller Hockey Alliance's insurance policies, which could affect any coverage. For example, there is not liability coverage for claims of one player against another player. Read your brochure carefully and, if you have any questions, contact a RHA administrator.

Participant Name Age Parent or Guardian Name

Participant Signature Date Parent or Guardian Signature Date