



WESTERN COLLEGIATE ROLLER HOCKEY LEAGUE
CONSENT FORM AND WAIVER RELEASE
2009-2010 SEASON (September 1, 2009 - August 31, 2010)

Name _____ DOB _____

SS# _____ Email _____

Permanent Address _____

Permanent Phone _____

School Address _____

School Phone _____

In case of emergency, please notify:

Name _____ Relationship _____

Address _____

Phone (day) _____ Phone (evening) _____

(PLEASE READ CAREFULLY)

I, _____, in consideration of being permitted to participate in any activities sponsored, coordinated and/or assumed by the Western Collegiate Roller Hockey League (known hereafter as the WCRHL), individual colleges, universities, sports clubs or any facility at which I participate (known hereafter as "the organizations") assume all risk of loss, damage, illness, death or injury to person or property which I may sustain while participating or engaging in, or as a result of such activities. I also release the organizations, its' officers, trainers, administrators, and fellow members and/or associates from any and all claims, demands and causes of action on account of any loss or injury, which may occur during my participation, involvement with, or as a result thereof, whether arising through negligence, omission, default, or any other action of or by the organizations, their officers, trainers, administrators, fellow members, and/or any person or organization associated with such activities. I fully understand that the activities undertaken by the organizations may include but are not limited to risks of: heat exhaustion, dehydration, concussion, sprains, fractures, abrasions and other injuries to myself and other participants, including the risk of permanent injury and/or death. I have been advised to seek a physical examination in order to determine my fitness for all activities undertaken by the organizations and have informed the organizations of any physical and/or medical conditions, which may prohibit or limit my participation in such activities. I am aware that there are risks associated with the activities as described above and that I may suffer property loss or bodily injury arising out of my participation in the activities.

In executing this document, I also relinquish any right to sue any of the organizations, its officers, trainers, administrators, other members, and/or any person or organization associated with activities as a result of any injury, loss, or action involving the organizations. However, I voluntarily choose to assume these risks and participate in the activities.

I have read and executed (printed name above and signed below) this document with full knowledge of its significance. I further state that I am 18 years of age or older and competent to execute this affirmation and release or I must have parental consent and signature of a parent or guardian in order to participate in the activities of the above named organizations. I further declare that I have received and read all information regarding the insurance policy offered by USA Hockey Inline in affiliation with the WCRHL, and at the time of signing this release, I am currently a member in good active status of USA Hockey Inline or intend to be as mandated by the WCRHL in order to partake in WCRHL events. I have also been advised that full facial protection is mandated in addition to all other mandated safety equipment.

Signature _____ Date _____

Signature of Parent or Guardian (if participant is under age 18) _____

Name of Parent or Guardian _____ Phone Number _____