

BUTLER DEK HOCKEY

MANAGER: Rick Double

WAIVER AND RELEASE

IN CONSIDERATION of being allowed to participate in any athletics/sports event sponsored by Rick Double/Butler Dek Hockey League and any related events and activities and intending to be legally bound, the undersigned:

1. Agree that the Parent(s) and/or Legal Guardian(s) and the Minor Participant will prior to participating in the league, inspect the facilities and equipment to be used and if the Participant or his Parents(s) and/or Legal Guardian(s) believe anything is unsafe, they will immediately advise Rick Double and his or her coach of the existence of such condition and refuse to participate.
2. Acknowledge and fully understand that each Participant will be engaging in activities that involve risk of serious injury, including permanent disability and death and sever social and economic losses which might result not only from their own actions, inactions or negligence but the action, inaction or negligence of others, the rules of play or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or reasonably foreseeable at this time.
3. Assume all the forgoing risk and accept personal responsibility for the damages following such injury, permanent disability, or death.
4. Release, waive, discharge, and covenant not to sue Rick Double/Butler Dek Hockey League, its affiliated teams, their coaches, referees, volunteers, other participants, sponsoring agencies, sponsors, and advertisers, all of whom are hereinafter referred to as "Releasees" from any and all liability to each of the Undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damaged on account of injury, including death or damage to property caused or alleged to be caused in whole or in part by negligence of the Releasees or otherwise. WE HAVE READ THIS ABOVE WAIVER AND RELEASEE(S) UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.
5. Participant cannot play until insurance information is completed.

Insurance Company

Policy Number

Witness

Minor Participant

Parent(s)/Legal Guardian(s)