

PACIFIC HOCKEY ASSOCIATION

BEGINNER REGISTRATION FORM

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Email: _____

For payment by Online: go to www.playpha.com. Hit the red Online Registration button on the left and then look for the beginner button

For payment by check: Make checks payable to the Pacific Hockey Association or PHA Send to:

**Russ Hughes/PHA
2420 Sand Creek Road #301
Brentwood CA 94513**

2016-17 PACIFIC HOCKEY ASSOCIATION WAIVER AND RELEASE OF LIABILITY AND MEDICAL AUTHORIZATION -PLEASE READ CAREFULLY -

In consideration of being allowed to participate in the ice hockey program and any other activities sponsored by Pacific Hockey Association (PHA), each of the undersigned acknowledge and agree as follows:

I ACKNOWLEDGE AND FULLY UNDERSTAND that I will be engaging in hazardous sports activities that involve risk of serious injury, including permanent or partial disability and death which could result in economic and non-economic losses. I UNDERSTAND AND ACKNOWLEDGE that such serious injuries, death or partial or permanent disability may result from my own actions, inactions or negligence, but also from the action, inaction or negligence of other players, the referees, the rules of play, the condition of the premises or competition areas, or any equipment used or others. Further, I UNDERSTAND AND ACKNOWLEDGE that there may be other risks not known to me or not reasonably foreseeable at this time. I HEREBY EXPRESSLY ASSUME ALL RISKS associated with my participation in PHA ice hockey programs and other activities sponsored by PHA.

I AGREE NOT TO SUE AND AGREE TO RELEASE FROM LIABILITY PHA, their representatives, employees, agents, owners, landlords, any ice rink owners providing ice time to PHA, for any damage, injury or death arising out of my participation in PHA ice hockey programs and any other activities sponsored by PHA regardless of the cause, including NEGLIGENCE.

In the event I should sue anyone for personal injuries or other damages occurring during the course of PHA ice hockey programs and any other activities sponsored by PHA, I AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS PHA for any actions, demands or claims made against PHA arising out of my suit.

I RECOGNIZE that I may require medical or dental care as a result of my participation in PHA ice hockey programs and any other activities sponsored by PHA. I AUTHORIZE PHA and its agents or employees (including but not limited to referees) to render first aid and to call for medical and dental care for me if, in the opinion of PHA or its referees, representatives, owners, employees, agents, medical or dental care is needed. I AGREE to pay for all expenses and costs associated with such care and related transportation. However, I EXPRESSLY RELEASE PHA from any and all liability arising out of PHA's decision to render or not render first aid or to call for medical and dental care and EXPRESSLY ASSUME THE RISK of PHA representatives, employees, agents, or referees not rendering first aid or calling for such medical or dental care.

I UNDERSTAND that the foregoing is a WAIVER AND RELEASE OF LIABILITY and a MEDICAL AUTHORIZATION that is legally binding on me, my heirs and my legal representatives and I sign it of my own free will. I acknowledge that the foregoing is binding during all 2016-17 seasons.

THIS IS A WAIVER AND RELEASE OF LIABILITY AND MEDICAL AUTHORIZATION DO NOT SIGN IF YOU DO NOT UNDERSTAND IT OR IF YOU DISAGREE WITH ITS TERMS

Signature: _____

Dated: _____