

Tri-City In-line Hockey League Adult Pickup

NAME: _____ ADDRESS: _____

(Please Print)

CITY: _____ ST: _____ ZIP: _____

BIRTHDATE: _____

EMAIL: _____ @ _____

(Email is optional)

HOME# _____ CELL# _____

PLEASE READ CAREFULLY WAIVER AND RELEASE OF LIABILITY

I hereby acknowledge that I have voluntarily chosen to use the facilities and participate in the in-line hockey activities of the Tri-City In-Line Hockey League (program).

I understand the risks involved in the program. I recognize that the program and its activities involves risk of injury and I agree to accept any and all risks associated with it, including but not limited to property damage or loss, minor bodily injury, severe bodily injury, and death. Furthermore, I recognize that participation in the program involves activities and risks incidental thereto, including but not limited to, limited availability of medical assistance and the possible reckless conduct of other participants. I am voluntarily participating in the program with the knowledge of the risks involved and hereby agree to accept any and all inherent risks of property damage, bodily injury, or death.

In consideration of my participation in the program and to the fullest extent permitted by law, I agree to indemnify, defend and hold harmless the Tri City In-Line Hockey League, its officers, directors, agents, and volunteers, the Catholic Diocese of San Diego, and the Mission San Luis Rey Parish, and assigns from and against all claims both present and future, that may be made by me, my family, estate, heirs or assigns, arising out of or resulting from my participation in the program. "Claim" as used in this agreement means any financial loss, claim, suit, action, damage, or expense, including but not limited to attorney's fees, attributable to bodily injury, sickness, disease or death, or injury to or destruction of tangible property including loss of use resulting therefrom.

I understand that Tri City In-Line Hockey League does not provide any medical insurance or life insurance to cover bodily injury, illness or death, nor insurance for personal property damage or loss, nor insurance for liability arising out of my negligent acts or omissions; and I acknowledge that I am completely responsible for my own insurance to cover these expenses.

I further understand that this acknowledgment of risk and hold harmless is intended to be as broad and inclusive as permitted by the laws of the State of California and that if any portion hereof is held invalid, I agree that the balance shall, notwithstanding, continue in full legal force and effect.

I agree that this acknowledgment of risk and hold harmless is effective for as long as I participate in the program.

Signature: _____ Date: _____