



**NFMHA WAIVER AND RELEASE OF LIABILITY  
Parental Consent (for skaters under the age of 18)**

I, the undersigned acknowledge the inherent risks involved in ice hockey and all activities relating thereto. Accordingly, and in consideration of being allowed to participate in any activities associated with Contact Hockey Instruction and/or Contact Hockey, I agree to the following:

1. I acknowledge and fully understand that I will be engaging in activities that involve risk of serious injury, which may include permanent disability and even termination of life, and severe social and economic losses which might result not only from my action, but also from the action, inaction or negligence of others, through the rules of play or the condition of the premises, or any equipment used and further that there may be risks not known to me or not reasonably foreseeable by.
2. I agree that prior to participating in any activity associated with Contact Hockey Instruction and/or Contact Hockey, I will have access to complete an inspection of the competition area and all equipment used, and if, through inspection, it's determined that anything relating to the activity is unsafe, I will immediately advise a coach to this unsafe condition and will not participate until this condition is corrected.
3. I agree to assume all the foregoing risks and accept personal responsibility for my own damages following such injury, permanent disability or termination of life.
4. I release, waive, discharge, and covenant not to sue NFMHA as well as any coaches/instructors, the arenas and/or all their respective agents, associates, officials, directors, owners, referees, and employees (collectively "releases") from demands, losses, or damages on account of injury, termination of life, or damage to property, caused or alleged to be caused in whole or part by releases or any other party's actions, inactions, or otherwise, and agree to indemnify releases from any and all third party claims caused in whole or in part by my actions.

I, the undersigned parent or legal guardian have read the above waiver and release and agree to its terms on behalf of my child and myself. I understand that by signing below I am giving up substantial rights on behalf of my child and myself.

Date: \_\_\_\_\_

Child Name: \_\_\_\_\_

Child Birth Date: \_\_\_\_\_

(Please Print) Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_