FIREHAWKS

ROLLER HOCKEY LEAGUE
2011-12 Fall/Winter League

COST PER PLAYER: $275 (non refundable)
Please make checks payable to:
NIAGARA SPORTS ARENA
P.O.BOX 496
OLCOTT,NY 14126

Name_____ **Sex**_____ **Age:**_____ **Birth date:**_____

Street:_____ **Town:**_____ **Zip:**_____ **Phone:**_____

Grade level (as of 9/11) :_____ **E-mail:**_____

PLAYERS AGE CLASSIFICATION AS OF 12/31/11

HOCKEY PLAYING EXPERIENCE

None_____ Youth league_____ High School_____ College_____ Other_____

NAME OF ORGANIZATION:_____POSITION PLAYED_____

MEDICAL HISTORY

Are there any medical conditions that the league should be aware of ?_____; If Yes, please explain:_____
_____

WAIVER AND RELEASE OF LIABILITY AND ASSUMPTION OF RISK

In consideration of me being allowed to participate in any way Niagara Sports Arena, or Firehawks Roller Hockey League ("Activity"), I agree and acknowledge:

1) I understand the the nature of Niagara Sports Arena and Firehawks Roller Hockey League Activities and acknowledge my experience capabilities and believe I am qualified to participate in such Activity. I further acknowledge that I am aware that Activity will be conducted in a facility that is open t o the public during the Activity.

2) I FULLY UNDERSTAND that: (a) Niagara Sports Arena and Firehawks Roller Hockey League Activities involve risks and dangers of SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH ("Risks") ; (b) these Risks and and dangers may be caused by my own actions, or inaction's, the actions or inaction's of others participating in the Activity, the condition in which the Activity takes place or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be other risks and social and economic loses either not know to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILTIES FOR LOSSES, COSTS, AND DAMAGES incurred as a result of my participation in the Activity.

3) I HEREBY RELEASE, DISCHARGE, CONVENANT NOT TO SUE, AND AGREE TO HOLD HARMLESS Niagara Sports Arena and Firehawks Roller Hockey League, their respective administrators, directors, members, owners and lessors of the respective administrators, directors, members, agents, officials, volunteers, and employees, and other participants, any sponsors, advertisers, and if applicable, owners and lessors of the premises on which the Activity takesplace (each considered on the "Releasees" herein) from all liability, claims, demands, loses, or damages on account caused or alleged to be caused in whole or in part by the negligence of the "Releasees" or otherwise, including negligent rescue operations and further agrees that if, despite this release I or anyone on my behalf makes a claim against the "Releasees" named above, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXSPENSE, ATTORNEY FEES, LOSS LIABILITY, DAMAGED OR COST AS MAY INCUR AS A RESULT OF ANY SUCH CLAIM.

4) I also irrevocably authorize Niagara Sports Arena and Firehawks Roller Hockey League and any licensee or assignee to use my name and or likeness, without compensation, in photography, video or any format for publication, sale production, advertising in connection therewith, or any other use.

5) I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND IT'S TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATESS EXTENT ALLOWED BY THE LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THAT THE BALANCE, NOT WITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

_____	_____	_____
Printed name of participant	Signature of participant	Date
_____	_____	_____
Printed name of parent or guardian	Signature of parent or guardian	Date

***IF YOU WOULD LIKE TO HELP COACH OR ASSIST IN OTHER WAYS - PLEASE SIGN HERE:**

Name:_____ Phone: _____ I would like to:_____

OFFICIAL USE ONLY

METHOD OF PAYMENT: Cash/Check/CC **AMOUNT:**_____ **BANK:**_____ **CHECK#**_____