

**Player Movement**  
**Risk Acknowledgment and Liability Waiver**

**Print Name of Participant:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Age:** \_\_\_\_\_

I hereby acknowledge that I have petitioned, in writing, the Directors of the Suburban High School Hockey League (“SHSHL”) and the \_\_\_\_\_ (“Club”) to permit my child to participate at an age level that is above the USA Hockey and SHSHL recommended guidelines.

I specifically understand that the SHSHL recommends that middle school teams be limited to students in 6<sup>th</sup> through 8<sup>th</sup> grade and that junior varsity teams be limited to 9<sup>th</sup> through 12<sup>th</sup> grade students. I acknowledge and agree that the risk of injury, including, the potential for permanent paralysis and death from hockey participation is significant. And, while particular rules, equipment, and personal discipline may reduce the potential for serious injury, these risks, including, but not limited to, those caused by teammates and opponents who are bigger, stronger, faster, and more mature and aggressive still exist and may be increased for a student, such as my child, who is younger than those participants within the recommended age guidelines mentioned above.

By my child’s participating at a higher age level, **I KNOWINGLY ASSUME ALL RISKS ASSOCIATED WITH SUCH PARTICIPATION**, both known and unknown. Further, I agree to indemnify and hold the SHSHL, the Club, USA Hockey, the school whose name is associated with my child’s team and all of their respective, employees, officers, directors, agents, coaches, volunteers, game officials, and all other persons acting on their behalf, harmless from any and all liability, loss, expense, attorney’s fees, or claims for injury or damages caused as the result of, or arising from, my request.

I acknowledge and agree that the SHSHL and Club’s consent to my decision to move my child to the higher age group is conditioned upon my statements herein and that the SHSHL and/or the Club may, but are not obligated to, limit or bar my child’s participation if either determines that my child is not capable of participating at the higher age level. I further acknowledge and agree that the program in which my child is participating is not organized or operated by either USA Hockey or the school whose name may be associated with that program and that neither bears any responsibility for any actions or determinations made herein or in connection with the administration of such program.

**Intending to be legally bound, I understand and agree to respect all these conditions of participation and in all USA Hockey, SHSHL and Club programs.**

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**(If participant is under 18 years of age)**

**Parent/Guardian Name (print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_