

PYHA Risk Acknowledgment and Liability Waiver For Players Playing Up To The Next Age Group

Print Name of Participant: _____ **Birthdate:** _____

I hereby acknowledge that I have petitioned, in writing, the Directors of the **Palouse Youth Hockey Association (PYHA)** to permit my child to participate at an age level that is one age group above USA Hockey's recommended guidelines.

I understand that the PYHA recommends that players stay in the age groupings defined by USAH and stipulated in the USAH Annual Guide as appropriate for their birth year.

I understand and appreciate that the risk of injury may be greater and that the risk of injury from hockey is significant, including the potential for permanent paralysis and death, and while particular rules, and personal discipline may reduce this risk, the risk of serious injury does exist.

By my child's participating, I KNOWINGLY ASSUME ALL SUCH RISKS, both know and unknown. Further, I agree to indemnify and hold the Palouse Youth Hockey Association, and the PYHA, its officers, and USA Hockey, Inc., harmless from any and all liability, loss, expense, attorney's fees, or claims for injury or damages caused as a result of my request.

I understand that the agreement by my association to move my child to the next higher age group is probationary and my association reserves the right to reverse its decision if it is felt that my child is not capable of participating at the higher age level when his/her performance is observed in actual game situations by the coaches and/or the association coaching director.

Signatures:

I understand and agree to respect all these conditions of participation in USA Hockey programs.

Participant Signature: _____ Date: _____

(If participant is under 18 years of age)

Parent/Guardian Name (print): _____ Date: _____

Parent/Guardian Signature: _____