



Southwest Collegiate Hockey League
5172 N. Colony Blvd
The Colony, TX 75056

SOUTHWEST COLLEGIATE HOCKEY LEAGUE, INC. - CONSENT FORM AND WAIVER RELEASE

Name: _____ DOB: _____

Student ID: _____ Email: _____

Permanent Address: _____

Permanent Phone: _____

Participant's Address at School: _____

Participant's Phone Number at School: _____

In case of emergency, please notify:

Name: _____ Relation: _____

Address: _____

Phone (day): _____ Phone (evening): _____

(PLEASE READ CAREFULLY)

I, _____, in consideration of being permitted to participate in any activities sponsored, coordinated and/or assumed by the Southwest Collegiate Hockey League, Inc. (known hereafter as the SCHL), individual colleges, universities, sports clubs or any facility at which I participate (known hereafter as "the organizations") hereby knowingly and willingly assume the risk of, and accept personal responsibility for, any and all loss, damage, illness, disability, death or injury to person or property, however sustained, which I may sustain while participating or engaging in, or as a direct or indirect result of such activities. I also release, discharge, and covenant to indemnify and not to sue SCHL and the organizations, their respective owners, officers, employees, trainers, administrators, coaches, and fellow members, players and/or associates, as well as the owners and/or lessees of the premises in which such activities are held (collectively, the "releasees"), from any and all claims, demands and causes of action on account of any loss or injury whatsoever which may occur during my participation, involvement with, or as a result thereof, whether arising through negligence, omission, default, or any other action of or by the releasees and/or any person or organization associated with such activities. I fully understand that the activities described above are undertaken of my sole volition, and may include but are not limited to risks of heat exhaustion, dehydration, concussion, sprains, fractures, abrasions and other injuries to myself and other participants, including the risk of permanent injury and/or death.

I have been advised to seek a physical examination in order to determine my fitness for all activities I hereafter undertake in connection with SCHL and the organizations, and have informed SCHL and the organizations of any physical and/or medical conditions which may prohibit or limit my participation in such activities. Unless otherwise so expressly disclosed, I am physically capable of participating in all such activities. I am aware that there are risks associated with the activities as described above and that I may suffer property loss or bodily injury (including death) arising out of my participation in the activities. In executing this document, I also relinquish any right to sue the releasees and/or any person or organization associated with activities as a result of any injury, loss, or action involving the organizations. However, I voluntarily choose to assume these risks and participate in the activities. I have read and executed (printed name above and signed below) this document with full knowledge of its significance. I further state that I am 18 years of age or older and competent to execute this affirmation and release or I must have parental consent and signature of a parent or guardian in order to participate in the activities of the above named organizations.

I hereby give my consent to have an athletic trainer, coach, emergency medical technician, and/or doctor of medicine or dentistry or associated personnel to provide me with medical assistance and/or treatment and I agree to be financially responsible for the cost of such assistance and/or treatment. I also agree to save and hold harmless and indemnify each and all such parties, as well as the releases, from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said parties because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of such parties.

I further declare that I have received and read all information regarding the insurance policy offered by USA Hockey Inline in affiliation with the SCHL, and at the time of signing this release, I am currently a member in good active status of USA Hockey Inline or intend to be as mandated by the SCHL in order to partake in SCHL events.

Signature: _____ Date: _____

Signature of Parent or Guardian (if participant is under age 18) _____