

**STATEMENT OF ASSUMPTION OF RISK, INTENTIONAL
RELEASE AND WAIVER, AND AGREEMENT TO INDEMNIFY**

I understand and acknowledge that ice hockey and activities associated with ice hockey are of an inherently hazardous and risky nature. I further acknowledge that ice hockey and activities associated with ice hockey require strenuous exercise and activity. **I HEREBY KNOWINGLY AND VOLUNTARILY ASSUME ALL RISK OF INJURY WHILE PARTICIPATING IN ICE HOCKEY.**

Understanding the inherent risks and dangers of participating in ice hockey, I represent that to the best of my knowledge I have no medical, physical, mental and/or emotional health condition which would hinder or prevent my active participation in the sport of ice hockey in any way whatsoever. Further, I give my permission to the Ice Angeles Hockey League ("IAHL") and/or any of its officers, agents, representatives, owners, directors and employees to obtain on my behalf any emergency medical treatment. In case of sickness, accident or injury, IAHL and any of its officers, agents, representatives, owners, directors and employees have my express permission to secure, at my sole expense, such medical attention as is deemed necessary in the unfettered discretion of IAHL.

In consideration of the request and permission to participate in the activity of ice hockey, I hereby assume full responsibility for all risk of injury or loss which may result directly or indirectly from my participation in ice hockey. **I HEREBY AGREE TO RELEASE AND FOREVER DISCHARGE IAHL AND ITS OFFICERS, AGENTS, REPRESENTATIVES, OWNERS, DIRECTORS AND EMPLOYEES,** by reason of destruction of any property or bodily injury arising or resulting directly or indirectly from participation in the sport of ice hockey and occurring during said participation or at any time subsequently thereto, including any such accident, illness, injury or even death, or property damage, loss or destruction, caused or allegedly caused by a dangerous condition of public property or by negligence on the part of any IAHL officer, agent, representative, owner, director or employee. The terms of this Release and Waiver will serve as a waiver and assumption of risk for myself and my heir(s), executor(s), administrator(s), assign(s), successor(s), personal representative(s), agent(s), spouse (if applicable), legatees and for all of my family members. I understand that by signing this Release and Waiver I am forever giving up all rights at law and in equity to sue IAHL and its officers, agents, representatives, owners, directors and employees or to recover any money or damages from them for any harm I may suffer in this activity, even if IAHL and its officers, agents, representatives, owners, directors and employees are at fault in any way.

I understand and acknowledge that this Release and Waiver shall cover participation in any and all ice hockey activities and/or any and all other ice hockey-related activities sponsored by IAHL including, but not limited to, games, practice sessions and/or promotional skating exercises for two (2) years from the date I sign this Release and Waiver.

I understand and acknowledge that my participation in the sport of ice hockey is strictly voluntary and that such participation does not in any manner imply that I am acting in the course and scope of IAHL business. I further understand and acknowledge that my participation in ice hockey does not and cannot in any manner establish the existence of an employer/employee or an agency relationship of any type whatsoever with IAHL. I represent that I am not an employee or an agent of IAHL in any manner.

I AGREE TO INDEMNIFY AND HOLD IAHL HARMLESS FROM AND AGAINST ANY CLAIM, SUIT, LOSS, LIABILITY, COST OR EXPENSE (INCLUDING, BUT NOT LIMITED TO, REASONABLE ATTORNEYS' FEES AND COURT COSTS), WHICH MAY BE BROUGHT OR MADE AGAINST OR SUFFERED BY IHL OR ITS OFFICERS, AGENTS, REPRESENTATIVES, DIRECTORS, OWNERS AND EMPLOYEES AS A RESULT OF MY PARTICIPATION IN AN IAHL-SPONSORED ICE HOCKEY EVENT.

I represent and acknowledge that I will not participate in the sport of ice hockey while under the influence of alcohol and/or drugs. I acknowledge that I have read and understand this Release and Waiver, have had the opportunity to have counsel of my choice review it with me, and that I am fully aware of the contents of this Release and Waiver and of its binding legal effect.

In the event any dispute or controversy arises out of or relating to this Release and Waiver or any action between the parties hereto concerning, directly or indirectly, the participant's participation in an IAHL-sponsored ice hockey event, said dispute or controversy shall be resolved by binding arbitration proceedings conducted by the American Arbitration Association in Los Angeles, California. All decisions by the American Arbitration Association and the appointed arbitrator(s) shall be final and binding in all respects and may be confirmed by any court of competent jurisdiction. I have executed this Release and Waiver voluntarily and without duress or undue influence by any person or entity.

In the event any dispute or controversy arises out of or relating to this Release and Waiver or any action between the parties hereto concerning, direct or indirectly, the participant's participation in an IAHL-sponsored ice hockey event, the prevailing party shall be entitled to costs and reasonable attorneys' fees from the other party.

This Release and Waiver is entered into in accordance with the laws of the State of California and shall be governed by and interpreted in accordance with those laws. No amendment, change or modification of this Release and Waiver shall be valid unless in writing and signed by the Directors of IAHL and the respective participant.

PLEASE NOTE: IAHL strongly recommends that each participant wear full certified body and facial protection and obtain the appropriate insurance coverage for his or her own protection while engaged in the sport of ice hockey. IAHL does make medical and catastrophic insurance coverage available.

Your initials act as your signature. By entering your initials on this waiver you agree to the terms and conditions written above.

Date: _____ **Participant (Type Name):** _____ **Participant (Initials):** _____

Address: _____ **Phone No.:** _____ **Date of Birth:** _____

I HEREBY AFFIRM AND ACKNOWLEDGE THAT I HAVE READ THIS DOCUMENT. I HEREBY AFFIRM AND ACKNOWLEDGE THAT I UNDERSTAND ITS CONTENTS AND AGREE TO BE BOUND THEREBY. I HEREBY REPRESENT THAT I AM AT LEAST EIGHTEEN YEARS OLD.