JACKSON YOUTH HOCKEY

Guest Player Practice Waiver & Release of Liability

Holiday / Seasonal Visit Program

This Guest Player Practice Waiver and Release of Liability ("Agreement") is entered into by the parent or legal guardian ("Parent/Guardian") of the minor player named below ("Guest Player") and Jackson Youth Hockey ("JYH"). By signing this Agreement, Parent/Guardian acknowledges and agrees to all terms set forth herein.

1. Guest Player Information

Guest Player Name: _____

Date of Birth: _____ Age Group / Division: _____

Home Club / Program: _____

USA Hockey Registration #: _____

Requested Practice Date(s): _____

Parent/Guardian Name: _____

Parent/Guardian Phone: _____ Email: _____

2. Program Conditions & Participation Terms

Guest Player participation is subject to the following conditions:

- Participation is limited to players visiting the Jackson area during holiday or seasonal breaks who are not currently enrolled in the Jackson Youth Hockey program.
- Guest Players may be permitted to skate with their respective age group or team at JYH's sole discretion.
- Participation is contingent upon available ice time, practice schedule openings, and coaching availability. JYH makes no guarantee that a practice slot will be available.
- JYH coaching staff and team management retain the right to approve or deny any Guest Player request at any time, for any reason.
- Guest Players must be currently registered with USA Hockey and provide proof of registration upon request.
- Participation is limited to the practice session(s) specified above and does not constitute enrollment in, or any ongoing commitment from, the Jackson Youth Hockey program.
- Guest Players must adhere to all JYH rules, rink policies, and coach directives during their participation.
- Full, properly fitted hockey equipment is required. JYH does not provide loaner equipment.

3. Release of Liability & Assumption of Risk

Parent/Guardian acknowledges and agrees to the following:

a. Assumption of Risk

Parent/Guardian understands that ice hockey is a physical sport that carries inherent risks of injury, including but not limited to cuts, bruises, broken bones, concussions, and other serious or catastrophic injuries. Parent/Guardian voluntarily assumes all such risks on behalf of Guest Player.

b. Release of Claims

In consideration of Guest Player being permitted to participate in Jackson Youth Hockey practice sessions, Parent/Guardian, on behalf of themselves, Guest Player, and their respective heirs, assigns, and legal representatives, hereby releases, waives, and discharges Jackson Youth Hockey, its directors, officers, volunteers, coaches, employees, agents, and facility partners (collectively, "Released Parties") from any and all claims, demands, causes of action, or liability arising out of or related to Guest Player's participation, whether caused by the negligence of the Released Parties or otherwise.

c. Indemnification

Parent/Guardian agrees to indemnify, defend, and hold harmless the Released Parties from any claims, damages, losses, or expenses (including reasonable attorneys' fees) arising from Guest Player's participation in JYH practice activities.

d. Medical Authorization

In the event of an emergency, Parent/Guardian authorizes JYH staff to seek medical treatment for Guest Player if Parent/Guardian cannot be reached in a timely manner. Parent/Guardian accepts full financial responsibility for any medical treatment incurred.

4. Non-Enrollment Acknowledgment

Parent/Guardian acknowledges that Guest Player is NOT enrolled in the Jackson Youth Hockey program and that participation in one or more practice sessions does not create any membership, registration, or ongoing participation rights. JYH assumes no responsibility for the Guest Player's training, development, or safety beyond the specific practice session(s) approved herein.

5. Acknowledgment & Signature

By signing below, I confirm that I have read, understand, and agree to all terms of this Agreement. I acknowledge that this is a binding legal document and that I am signing it freely and voluntarily.

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____

For JYH Use Only

Approved by (Coach/Director): _____ Date: _____

Practice Date(s) Approved: _____

Age Group / Team: _____

Notes: _____

Questions? Contact Jackson Youth Hockey at [JYH contact email / phone]