## RISK ACKNOWLEDGMENT AND LIABILITY WAIVER FOR PLAYERS REQUESTING PLAY-UP EVANSVILLE YOUTH HOCKEY ASSOCIATION

Print Name of Participant:	Birth date:
Desired Play-Up Division:	
I/We	, parent(s) or legal guardian of
next age division as defined by USA Hockey. I hav Association Player Play-Up Policy and agree to all tapply.	request that he/she be permitted to Play-Up to the read and understand the Evansville Youth Hockey he terms, conditions and eligibility requirements that
I understand that requesting a play up does not guar even if a player makes a play-up team, EYHA reserv any time. I assume the risk that if the player is not chos from the division, he/she is potentially forfeiting the abi	es the right to reverse that decision for any reason at sen for the play-up division or is subsequently removed
stipulated in the USA Hockey Annual Guide as appropriate appropriate of the USA Hockey Annual Guide as a possible of the USA Hockey Annua	stay in the age groupings defined by USA Hockey and priate for their birth year. I understand and appreciate that the risk of serious injury from hockey is significant, uce this risk, the risk of serious injury does exist.
I agree to indemnify and hold EYHA, its officers, Mid-	ALL SUCH RISKS, both known and unknown. Further, Am Hockey and USA Hockey, Inc. harmless from any aims for injury or damages caused as a result of my
	s of participation. By submitting this request you be evaluated to Play-Up. There are no guarantees.
Player Signature:	Date:
Parent/Guardian Signature:	Date:
Email signed scanned copy to: eyhavpoftravel@gma	ail.com