



**ROANOKE VALLEY ADULT HOCKEY ASSOCIATION**

Roanoke, Virginia

# **PLAYER / MEMBER RELEASE AGREEMENT**

## **INDEMNIFICATION, LIABILITY and CLAIM RELEASE**

As a condition of membership in the ROANOKE VALLEY ADULT HOCKEY ASSOCIATION (hereafter called RVAHA), I hereby agree to and acknowledge the following:

- I will be playing ice hockey, an inherently dangerous activity, which could result in injury, possibly permanent and/or life threatening in nature. I realize there is a risk that I could be killed.
- I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, except those arising from the gross negligence of those persons released from liability below, and and assume full responsibility for my participation.
- I WILL COMPLY WITH ALL RULES AND REGULATIONS OF THE RVAHA, AND THE ROANOKE CIVIC CENTER & LaHAYE ICE CENTER (the arena's) POLICIES, including Item 4 that a member's children and minor-aged guests must be supervised by an adult not participating in the on-ice activity while in the arena for a RVAHA-sanctioned activity, and that fiduciary responsibility for repair costs for damages done to the arena caused by a member's children and minor-aged guests will be the responsibility of the individual member; RVAHA will cooperate with the ROANKE CIVIC CENTER and LaHAYE ICE CENTER to identify the responsible member.
- I do hereby release, indemnify, and save harmless RVAHA, its management, members, players, on and off ice officials, and any other associated non-members, as well as the ROANOKE CIVIC CENTER & LaHAYE ICE CENTER ownership and management, from claims, demands, and liabilities (medical or legal) arising from my participation and/or presence during RVAHA scheduled games, practices, or functions.

### **JUVENILE WAIVER NOTIFICATION**

Juvenile players at the ages of 16 or 17 may participate in and with the RVAHA with parental and/or guardian written consent. All guidelines regarding equipment must be followed as outlined by a separate information sheet in regards to youth protective equipment. It is understood by the juvenile and the parent/guardian that the Youth Supplemental Medical portion of their USA Hockey Registration (if in fact the youth player is registered) is waived and it is void whenever the juvenile participates in any RVAHA program or activity.

***I have read, signed, and understood the RVAHA Player Release Agreement, RVAHA Player Registration, RVAHA Zero Tolerance, RVAHA Penalty Policy, and RVAHA Equipment Requirements, and the Roanoke Civic Center & LaHaye Ice Center Policies & Release. Copies are available upon request or at the RVAHA website, [www.rvaha.homestead.com](http://www.rvaha.homestead.com).***

Sign \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Parent/Guardian Consent \_\_\_\_\_

Witness \_\_\_\_\_