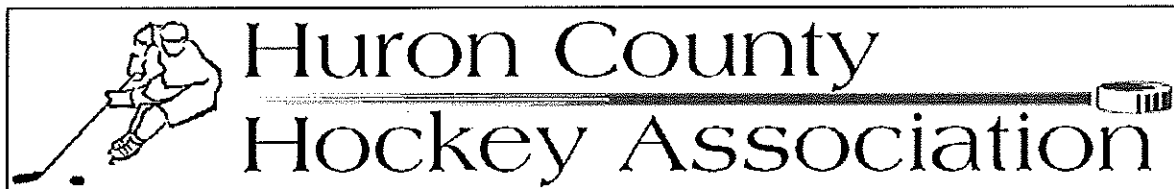


ADULT REGISTRATION



PLEASE FILL OUT SEPARATE FORMS FOR EACH PLAYER

For additional forms download from www.huroncountyhockey.com

USA Hockey 2012-2013 Year of Birth Division Classifications: 18 and older (must be out of High School)

Division _____

Player Name: Last: _____ First: _____ MI: _____ Sex: _____

Birth Date: _____

Address: _____ City: _____, Zip: _____

Phone Number (H) _____ (W) _____ (Other) _____

Years playing experience: _____ Goalie? Yes No (circle) Email: _____

If player is a first time registrant how did you hear about HCHA?: _____

Arena and team last played for: _____

Event: 2012-2013 Hockey Season

Huron County Accident Waiver and Release of Liability—Sporting Event — 2007-2008 Hockey Season

The undersigned does hereby represent that he/she is, in fact, acting in such capacity and agrees to the extent permitted by law to save and hold harmless and indemnify each and all of the parties referred to below from all liability, loss, cost, claim, or damage whatsoever in the event shows, and releases said parties in this regard.

Adult Participant (print) _____ Age _____ Date _____

Participant Signature _____ Date: _____

Parties: Huron County, its elected or appointed officials, employees and volunteers, and representatives and agents.

USA HOCKEY CONSENT TO TREAT

This is to certify that on this date, I _____, as an adult participant, give my consent to USA Hockey and its medical representative to obtain medical care from any licensed physician, hospital, or clinic for the above mentioned participant, for any injury that could arise from participation in UDA Hockey sanctioned events.

If said participant is covered by any insurance company, please complete the following:

Name of Insurance Company: _____

Address: _____

Policy Number: _____

Signed (adult participant) _____

Relationship to Participant: _____

Home Address: _____

Phone: () _____ Date: _____

Excess accident insurance up to \$25,000, subject to deductibles, exclusions and certain limitations, is provided to all USA Hockey registered team participants, For further details call Winnie Tharp, Marsh USA, Inc., (317) 261-9306.

To file an excess accident claim, call K&K, (800) 237-2917, ext. 5623.

League Use Only Below This Line

- Paid: Cash _____ Check # _____ Visa/MasterCard/Discover # _____
- This Form Fully Completed (p.3) HCHA Adult Registration Form and Huron County Waiver
- USA Hockey Waiver (p.4) USA Hockey Code of Conduct
- Team Request Form

please complete reverse side

Waiver of Liability, Release, Assumption of Risk & Indemnity Agreement

It is the purpose of this agreement to exempt, waive and relieve releases from liability for personal injury, property damage, and wrongful death, including if caused by negligence, including the negligence, if any, of releases. "Releases" include USA Hockey, Inc., its affiliate associations, local associations, member teams, event hosts, other participants, coaches, officials, sponsors, advertisers, and each of them, their officers, directors, agents and employees.

For and in consideration of the undersigned participant's registration with USA Hockey, Inc., its affiliates, local associations and member teams (all referred to together as USAH) and being allowed to participate in USAH events and member team activities, participant (and the parent(s) or legal guardian(s) of participant, if applicable) waive, release and relinquish any and all claims for liability and cause(s) of action, including for personal injury, property damage or wrongful death occurring to participant, arising out of participation in USAH events, member team activities, the sport of ice hockey, and/or activities incidental thereto, whenever or however they occur and for such period said activities may continue, and by this agreement any such claims, rights, and causes of action that participant (and participant's parent(s) or legal guardian(s), if applicable) may have are hereby waived, released and relinquished, and participant (and parent(s)/guardian(s), if applicable) does(do) so on behalf of my/our and participant's heirs, executors, administrators and assigns.

Participant (and participant's parent(s)/guardian(s), if applicable) acknowledge, understand and assume all risks relating to ice hockey and any member team activities, and understand that ice hockey and member team activities involve risks to participant's person including bodily injury, partial or total disability, paralysis and death, and damages which may arise there from and that I/we have full knowledge of said risks. These risks and dangers may be caused by the negligence of the participant or the negligence of others, including the "releases" identified below. These risks and dangers include, but are not limited to, those arising from participating with bigger, faster and stronger participants, and these risks and dangers will increase if participant participates in ice hockey and member team activities in an age group above that which participant would normally participate in. I/We further acknowledge that there may be risks and dangers not known to us or not reasonably foreseeable at this time. Participant (and participant's parent(s)/guardian(s), if applicable) acknowledge, understand and agree that all of the risks and dangers described throughout this agreement, including those caused by the negligence of participant and/or others, are included within the waiver, release and relinquishment described in the preceding paragraph. I/We agree to abide by and be bound under the rules of USA Hockey, including the By-Laws of the corporation and the arbitration clause provisions, as currently published. Copies are available to USA Hockey members upon written request.

Participant (and participant's parent(s)/guardian(s), if applicable) acknowledge, understand and assume the risks, if any, arising from the conditions and use of ice hockey rinks and related premises and acknowledge and understand that included within the scope of this waiver and release is any cause of action (including any cause of action based on negligence) arising from the performance, or failure to perform, maintenance, inspection, supervision or control of said areas and for the failure to warn of dangerous conditions existing at said rinks, for negligent selection of certain releases, or negligent supervision or instruction by releases.

If the law in any controlling jurisdiction renders any part of this agreement unenforceable, the remainder of this agreement shall nevertheless remain enforceable to the full extent, if any, allowed by controlling law. This agreement affects your legal rights, and you may wish to consult an attorney concerning this agreement.

Participant (and participant's parent(s)/guardian(s), if applicable) agree if any claim for participant's personal injury or wrongful death is commenced against releases, he/she shall defend, indemnify and save harmless releases from any and all claims or causes of action by whomever or wherever made or presented for participant's personal injuries, property damage or wrongful death.

Participant (and participant's parent(s)/guardian(s), if applicable) acknowledge that they have been provided and have read the above paragraphs and have not relied upon any representations of releases, that they are fully advised of the potential dangers of ice hockey and understand these waivers and releases are necessary to allow amateur ice hockey to exist in its present form. Significant exclusions may apply to USA Hockey's insurance policies, which could affect any coverage. For example, there is no liability coverage for claims of one player against another player. Read your brochure carefully and, if you have any questions, contact USA Hockey or a District Risk Manager.

PARTICIPANT'S SIGNATURE

AGE: _____

Date Signed: _____

PARTICIPANT'S NAME *(Please print.)*

Huron County Hockey Association Adult Player Request Form

Players Name: _____

Phone Number: _____

Have you ever Played Adult Hockey Here Before? Yes No

Team you played on last season: _____

Do you wish to go back on that team? Yes No

If No then What team would you prefer to play on: _____

(There are no guarantees that you will go to this team)

Adult Players may put down a \$100.00 nonrefundable deposit on or before signup dates.
Remained of Balance is to be paid in full before you can go on the ice.

(This includes Pre-Season also if they have one)

Comments: _____

Thank You,
H.C.H.A



**USA HOCKEY
PARTICIPANT
CODE OF CONDUCT**

NAME: _____

To be read and signed by you as a member of Team: _____

Participating in USA Hockey for the _____ season.

1. No swearing or abusive language on the bench, in the rink, or at any team function.
2. No lashing out at any official no matter what the call is. The coaching staff will handle all matters pertaining to officiating.
3. Anyone who receives a penalty will skate directly to the penalty box.
4. Fighting will not be tolerated. Fighting will result in an appearance before a Discipline Committee.
5. There will be no drinking, smoking, chewing of tobacco or use of illegal substance at any team function.
6. I will conduct myself in a befitting manner at all facilities (ice rink, hotel, restaurant, etc) during all team functions.
7. Any player or team official who cannot abide by these rules or violates them will be subject to further disciplinary action.

Signed: _____ Date: _____