PO Box 356 Congers, New York 10920 (845) 639-0855 www.clarkstowncapitals.com

## **RELEASE WAIVER**

AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY - In consideration of being allowed to participate in any way in this Clarkstown Capitals Hockey Club, Inc. Program, and all future programs and related events, activities, such as but not limited to tryouts, practices, games and travel, the undersigned: 1) Acknowledge and fully understand that each participant will be engaging in activities that involve risks of serious injury including death or paralysis which might result from their own actions, inaction's or negligence of others, the rules of play, or the condition of the premises or any equipment used and/or any other risks not known to us or not reasonably foreseeable at this time. 2) Assume all of the foregoing risks and accept personal responsibility for the damages following such injury. 3) Release, waive, discharge and agree to hold harmless and covenant not to sue Clarkstown Capitals Hockey Club, Inc., it's affiliated clubs, their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsors, and if applicable, owners and lessees of the premises used to conduct the event, all of which are hereinafter referred to as "releasees", from demands, losses or damages on account of injury caused or alleged to be caused in whole or in part by the ordinary negligence of the releasees or otherwise. I agree that if any portion of this waiver and release is held invalid, the balance shall, not withstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT THEY HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

Parent Signature:	Date:
Print Parent's Name:	
Print Player's Name:	