



Newmarket Minor Hockey Association

Risk Acknowledgment and Liability Waiver - Players Requesting to Play Up

Print Name of Participant: _____

Birthdate: _____

Desired Play-Up Age Classification/Team: _____

I/We_____, parent(s) or legal guardian(s) of____request that he/she be permitted to Play-Up to the next age division as defined by the OMHA. I have read and understand the Newmarket Minor Hockey Association Participant Play-Up Policy and agree to all the terms, conditions and eligibility requirements that apply.

I understand that requesting a play up does not guarantee the ability to make a team and understand that even if a player makes an older age classification/team, NMHA reserves the right to reverse that decision for any reason at any time. I assume the risk that if the player is not chosen for the play up team or is subsequently removed from the team; he/she is potentially forfeiting the ability to play on a Rep team for the current age division.

I understand that the NMHA recommends that players stay in the age groupings defined by the OMHA and stipulated in the OMHA manual of operations as appropriate for their birth year. I understand and appreciate that in playing up, the risk of injury may be greater and that the risk of injury from hockey is significant, including the potential for permanent paralysis and death, and while particular rules and personal discipline may reduce this risk, the risk of serious injury does exist.

By my child's participating, I KNOWINGLY ASSUME ALL SUCH RISKS, both known and unknown. Further, I agree to indemnify and hold Newmarket Minor Hockey Association, Inc., its officers, coaches, managers, and members, harmless from any and all liability, loss, expense, attorney's fees, or claims for injury or damages caused as a result of my request.

I understand and agree to accept these conditions of participation.

Parent Name (Print): _____ **Date:** _____

Parent Name (Sign): _____ **Date:** _____

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Parent Name (Sign): _____ **Date:** _____