

## Under-Aged Player / Release and Indemnifying Agreement

Event:		Team:	
Date:		Place:	
The undersigne	ed individual,	(family and given name), born	(day/month/year)
herewith request	s permission to participate in t	he above specified Championship to be held on	(day/month/year)
at	(place) in	(country) for and in consideration of the covenar	nts and agreements herein, hereby
onvenente and av	areas as follows:		

covenants and agrees as follows:

## ACKNOWLEDGEMENT OF BY-LAWS AND REASONS THEREFORE:

I acknowledge that the current By-Laws of the IIHF gov	verning the specified age of players eligible to participate in the above
Championship, require me to have been born at the latest on	(day/month/year).
I acknowledge that the current By-Laws of the IIHF have b	been adopted by the members of the IIHF out of concern for orderly play
of the game of ice hockey and the safety health and welfare	e of all participants. I acknowledge that being younger than as required by
the IIHF By-Laws 616 and/or 700 and/or 900 may expose me to	injury or damage to my health.

## WAIVER, RELEASE AND INDEMNITY:

It is the individual desire of \_\_\_\_\_\_ (family and given name), as a member of the \_\_\_\_\_\_ (team) participating in the above specified Championship exercising his/her own best judgement for his/her own protection and safety and general well being and having asserted his/her right to do so to be relived of the obligation of fulfilling the age limit as set down by the IIHF By-Laws 616 and/or 700 and/or 900 during sanctioned competition for the above specified Championship.

It is the individual desire of \_\_\_\_\_\_ (family and given name) being the parent/legal guardian of the above named player exercising their own best judgement and in exercise of that responsibility for the safety, health and welfare of the said player and having asserted that right to do so that the above named player be relieved of the obligation of fulfilling this age limit set down by the IIHF By-Laws 616 and/or 700 and/or 900 during sanctioned competition for the above specified Championship.

Therefore in consideration of the recognition by the IIHF of the exercise of my rights and freedoms, including the right to play as an under-aged player, I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(family and given name of the player) and \_(family and given name) being the parent/legal guardian of the above named player do hereby release and forever discharge the IIHF all official representatives of the IIHF individually and in their representative or official capacity, all members and officials of the

team, all game officials, individually and in their official capacities, all ice hockey arenas, their employees and officials, which arenas are used as official sites for the game competition during the above specified Championship and all other persons, firms or corporations, known or unknown, who are or might be claimed to be liable, from any and all actions, causes of actions, claims or demands for, upon or by reason of any damage, loss suffering or injury to person or property, known or unknown, which may or hereafter be sustained during the above specified Championship in sanctioned IIHF competition by the undersigned as the result of not meeting the age requirement to compete in the above mentioned Championship.

Further, in consideration of the recognition of my status by the IIHF, I \_\_\_\_\_\_\_\_(family and given name of the player), and \_\_\_\_\_\_\_\_(family and given name) being the parent/legal guardian of the above named player in all respects agree to indemnify and to forever hold harmless the parties named in preceding paragraph from any and all claims, demands, actions or causes of actions that may hereafter be made or brought on behalf of the undersigned as the result of not meeting the age requirement to compete in the above mentioned Championship.

I acknowledge that I have read and understood that this agreement as translated into my native language and which has been signed by me.

## **INDEPENDENT JUDGEMENT:**

The undersigned hereby warrants that the following statements are true and correct and understands that he/she has relied upon them in entering into this release and indemnifying agreement, and

- 1. That no oral representations, statements or inducements, apart from the foregoing written agreement have been made by anyone to the undersigned and specifically none of the parties listed above have in any way attempted to influence the decision made herein in any manner whatsoever.
- 2. That the undersigned has fully read the foregoing, questioned any portions he/she failed to understand, and voluntarily executes and signs this Release and Indemnifying Agreement with full understanding of the significance thereof, all as is set out above.

IN WITNESS WHEREOF, I have hereunto set my hand this	day of	(month),	(year).
Date of Birth			
Signature	(Day/Month/Year)		
THE UNDERSIGNED PARENT/LEGAL GUARDIAN acknowledging th	neir legal responsibility for	(family a	nd given name)

and knowing his/her physical ability, skill and mental attitude do support his/her application <u>for permission to p</u>lay in the above specified Championship and accepts all obligations as specified in this Release and Indemnifying Agreement, and warrants that the following statements are true and correct and understands that he/she has relied upon them in entering into this Release and Indemnifying Agreement, and 1. That no oral representations, statements or inducements, apart from the foregoing written agreement have been made by anyone to the undersigned and specifically none of the parties listed above have in any way attempted to influence the decision made herein in any manner whatsoever.

2. That the undersigned has fully read the foregoing as translated into my native language and has been countersign by me and has questioned any sections he/she failed to understand, and voluntarily executes and signs this Release and Indemnifying Agreement with full understanding of the significance thereof, all as is set out above.

FATHER:		, born		
	(Family and Given Name)	<u> </u>	(Day/Month/Year)	-
	(Signature)		(Day/Month/Year)	
MOTHER:		, born		-
	(Family and Given Name)		(Day/Month/Year)	_
	(Signature)		(Day/Month/Year)	_
LEGAL GUARDIAN:		, born		_
-	(Family and Given Name)		(Day/Month/Year)	_
	(Signature)		(Day/Month/Year)	
-				-

THE UNDERSIGNED MEDICAL DOCTORS have examined the player who is the subject of this Release and Indemnifying Agreement and confirm that he/she has the physical ability, skill and mental attitude to play ice hockey in the age category of the above specified Championship.

Medical Doctor:		, born	
	(Family and Given Name)		(Day/Month/Year)
	(Signature)		(Day/Month/Year)
Medical Doctor:		, born	
	(Family and Given Name)	<u> </u>	(Day/Month/Year)
	(Family and Given Name)		(Day/Month/Year)

BEFORE US, TWO WITNESSES, representatives of the National Ice Hockey Association of (country), warrant that the above mentioned player and his/her parents/legal guardian have met with us in person and acknowledge to us that they have read the forgoing Release and Indemnifying Agreement as translated into their native language, know and understand the contents thereof and have executed this Release and Indemnifying Agreement as their own free act and deed in our presence and warrant the translation of the said document is complete and accurate.

We confirm that the player competing in our National Championship has the physical ability, skill and mental attitude to play ice hockey in the age category of the Championship specified above.

(Place)	(Country)	(Day/Month/Year)
(Family and Given Name)		(Family and Given Name)
(Signature)		(Signature)

FAIR PLAY

AND RESPECT