



# YOUTH HOCKEY PARTICIPATION WAIVER & LIABILITY RELEASE

## Barrington Youth Hockey LLC

Participant Name (Child): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### 1. Acknowledgment of Risk

I acknowledge that participation in ice hockey and related activities involves inherent risks including, but not limited to, falls, collisions, contact with other players, equipment, boards, ice surface, and potential serious injury including concussion, paralysis, or death.

### 2. Assumption of Risk

I knowingly and voluntarily assume all risks, both known and unknown, associated with my child's participation.

### 3. Release and Waiver of Liability

To the fullest extent permitted by Illinois law, I release and hold harmless Barrington Youth Hockey LLC, its members, coaches, volunteers, and affiliates from any and all claims, demands, or causes of action arising out of or related to any injury, illness, or damage sustained.

### 4. Medical Authorization

I authorize emergency medical treatment if necessary.

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies/Medical Conditions: \_\_\_\_\_

### 5. Insurance

I understand that Barrington Youth Hockey LLC does not provide medical insurance and I am responsible for all medical expenses.

**6. Code of Conduct**

My child agrees to follow all rules, use proper equipment, and behave respectfully. Unsafe behavior may result in removal without refund.

**7. Media Release**

YES  NO I grant permission for use of photos/videos for promotional purposes.

**8. Governing Law**

This agreement shall be governed by the laws of the State of Illinois.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_