

# VA BEACH HOCKEY LEAGUE Waiver

RELEASE // INDEMNITY AGREEMENT

(MUST BE SIGNED BY PARENT OR LEGAL GUARDIAN IF UNDER 18)

**\*Deadline: Date and Time of Participation in VBHL Events**

**NO FORM, NO PLAY!**

WE (OR I) HEREBY REQUEST YOUR ACCEPTANCE OF THIS APPLICATION FOR REGISTRATION IN VBHL Event.. IN CONSIDERATION OF YOUR ACCEPTANCE OF THIS APPLICATION, WE (OR I) HEREBY RELEASE ALL PERSONS ASSOCIATED WITH THE VBHL FROM ALL CLAIMS AND CAUSES OF ACTION ARISING FROM INJURY TO THE PARTICIPANT IN THE EVENT. WHETHER SUCH INJURY IS THE RESULT OF NEGLIGENCE OR ANY OTHER CAUSE. IF MEDICAL ATTENTION IS REQUIRED FOR INJURY OR ILLNESS WHILE PARTICIPATING IN THE EVENT, WE (OR I) GIVE PERMISSION FOR SUCH MEDICAL CARE, AND WE (OR I) WILL BE FINANCIALLY RESPONSIBLE. I ALSO GIVE PERMISSION FOR VB HOCKEY TO USE ANY VIDEOS AND/OR PHOTOGRAPHS OF THE PARTICIPANT FOR PUBLICITY, ADVERTISING, OR PROMOTIONAL PURPOSES.

\* IN ORDER TO PLAY, THIS FORM MUST ACCOMPANY THE REGISTRATION FORM FOR EACH PLAYER ON THE TEAM

MAKE **All** CHECKS PAYABLE TO **Va. Beach Hockey League**

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMERGENCY PHONE: \_\_\_\_\_

\_\_\_\_\_  
ADDRESS:

\_\_\_\_\_  
CITY AND ZIP:

\_\_\_\_\_  
HAVE YOU PLAYED IN THE VIRGINIA BEACH HOCKEY LEAGUE \_\_\_\_\_

SIGNATURE OF PARTICIPANT:

\_\_\_\_\_  
SIGNATURE OF PARENT OR LEGAL GUARDIAN:

\_\_\_\_\_  
(IF UNDER 18)

DATE: \_\_\_\_\_ TEAM:

\_\_\_\_\_  
**Mail to:**

**VBHL Tournament: 612 Lake Point Circle, Va. Bch. VA 23451**