



# Greater Johnstown Community YMCA Adult Roller Hockey League WAIVER

Player Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Team \_\_\_\_\_

In consideration of your accepting my or my child's participation in this league, I the below signed, intending to be legally bound hereby for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against The Greater Johnstown Community YMCA and their representatives, successors and assigns, for any and all claims or liabilities of any kind arising out of my participation in this league. I assume all risks associated with my participation including, but not limited to, playing surface conditions, behavior of participants, league workers, and observers, and travel to and from practices and scheduled games. Any and all accident insurance will be provided by individual team members. Further, I hereby grant full permission to any and all of the aforementioned parties to use my or my child's name, likeness, and voice in any and all multimedia form.

\_\_\_\_\_  
Player's Signature

\_\_\_\_\_  
Date

*If under the age of 18 this form must be signed by a parent or legal guardian.*

*This form must be completed in full and signed before playing in a league game.*

