



## National Collegiate Roller Hockey Association

c/o Brennan Edwards  
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# Consent Form and Waiver Release

(2012-2013 season, Sept. 1, 2012 – Aug. 31, 2013)

Name \_\_\_\_\_ DOB \_\_\_\_\_

SS# \_\_\_\_\_ Email \_\_\_\_\_

Permanent Address \_\_\_\_\_

Permanent Phone \_\_\_\_\_

School Address \_\_\_\_\_

School Phone \_\_\_\_\_

In case of emergency, please notify:

Name \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_

Phone (day) \_\_\_\_\_ Phone(evening) \_\_\_\_\_

### (PLEASE READ CAREFULLY)

I, \_\_\_\_\_, in consideration of being permitted to participate in any activities sponsored, coordinated and/or assumed by the National Collegiate Roller Hockey Association (known hereafter as the NCRHA), individual colleges, universities, sports clubs or any facility at which I participate (known hereafter as "the organizations") assume all risk of loss, damage, illness, death or injury to person or property which I may sustain while participating or engaging in, or as a result of such activities. I also release the organizations, its' officers, trainers, administrators, and fellow members and/or associates from any and all claims, demands and causes of action on account of any loss or injury, which may occur during my participation, involvement with, or as a result thereof, whether arising through negligence, omission, default, or any other action of or by the organizations, their officers, trainers, administrators, fellow members, and/or any person or organization associated with such activities. I fully understand that the activities undertaken by the organizations may include but are not limited to risks of: heat exhaustion, dehydration, concussion, sprains, fractures, abrasions and other injuries to myself and other participants, including the risk of permanent injury and/or death.

I have been advised to seek a physical examination in order to determine my fitness for all activities undertaken by the organizations and have informed the organizations of any physical and/or medical conditions, which may prohibit or limit my participation in such activities. I am aware that there are risks associated with the activities as described above and that I may suffer property loss or bodily injury arising out of my participation in the activities. In executing this document, I also relinquish any right to sue any of the organizations, its officers, trainers, administrators, other members, and/or any person or organization associated with activities as a result of any injury, loss, or action involving the organizations. However, I voluntarily choose to assume these risks and participate in the activities. I have read and executed (printed name above and signed below) this document with full knowledge of its significance. I further state that I am 18 years of age or older and competent to execute this affirmation and release or I must have parental consent and signature of a parent or guardian in order to participate in the activities of the above named organizations.

I further declare that I have received and read all information regarding the insurance policy offered by USA Roller Sports in affiliation with the NCRHA, and at the time of signing this release, I am currently a member in good active status of USA Roller Sports or intend to be as mandated by the NCRHA in order to partake in NCRHA events. I understand that full facial protection is mandatory.

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

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

(Required if participant is under eighteen years of age as of Sept 1, 2012)