

PARTICIPANT NAME: \_\_\_\_\_

**RELEASE**

IN CONSIDERATION of receiving permission from the Dubuque Youth Hockey Association ("DYHA"), to participate or to have their children participate in the activities sponsored by the Association, each of the undersigned hereby release DYHA, its agents, coaches, officials, officers, and members, of and from any and all liability, claims, demands, actions, and causes of action whatsoever, arising out of or related to any loss, damage or injury, including death, that may be sustained by any of the undersigned, or any property of any or each of the undersigned, while in or about the premises where a DYHA event ("event") is conducted or during the event or in route to or from the event.

EACH of the undersigned being duly aware of the risks and hazards inherent in participating in said activity, hereby elects voluntarily to participate and/or have their children participate in the activities knowing their own children's physical condition, the condition of their own children's equipment, and knowing from experience the conditions which may arise during the event, and each of the undersigned hereby voluntarily assumes all risks of loss, damage, or injury, including death, that may be sustained by any or each of the undersigned, or any property of each of the undersigned while participating in or observing the event.

EACH of the undersigned further agrees to indemnify, hold harmless and defend DYHA, its agents, coaches, officials, officers and members, of and from any and all liability, claims, demands, actions, and causes of action whatsoever, brought by or on behalf of their minor children arising out of or related to any loss, damage, or injury, including death, or damage to or loss of property, that may be sustained by said minor child while in or about the premises or where the event is conducted or during the event or in route to or from the event.

IN SIGNING the foregoing release, each of the undersigned hereby acknowledges and represents:

- A. That he has read, understands, and voluntarily signs the foregoing release;
- B. That he is over 18 years of age and of sound mind;
- C. That he has inspected or will inspect the equipment referred to above and knows that the equipment is in good condition before participating in the event.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Parent or Guardian signature)

**MEDICAL RELEASE**

THE UNDERSIGNED, BY AFFIXING HIS/HER SIGNATURE THEREUNDER, CERTIFIES THAT HE/SHE IS THE PARENT OR LAWFUL GUARDIAN OF THE ABOVE REGISTERED CHILD, AND HEREBY GIVES FULL AUTHORIZATION TO DUBUQUE YOUTH HOCKEY ASSOCIATION (DYHA), OR ANY PERSON ACTING ON ITS BEHALF, TO RENDER WHATEVER MEDICAL CARE AND TREATMENT AS IS NECESSARY TO TREAT THE EFFECTS OF ANY ILLNESS OR ACCIDENT THAT MAY OCCUR TO ABOVE NAMED CHILD WHILE HE/SHE IS OUTSIDE OF THE IMMEDIATE SUPERVISION OF THE UNDERSIGNED. THE AUTHORIZATION FOR MEDICAL CARE AND TREATMENT HEREBY SHALL BE IN EFFECT PRIOR TO AND UNTIL SUCH TIME AS THE UNDERSIGNED OR HIS/HER DESIGNEE SHALL BE NOTIFIED AND SHALL MAKE PERSONAL CONTACT WITH THE PHYSICIAN OR OTHER PERSON WHO IS AUTHORIZED HEREBY TO RENDER MEDICAL CARE AND TREATMENT.

NAME OF DOCTOR: \_\_\_\_\_ HOSPITAL PREFERENCE \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_ POLICY # \_\_\_\_\_

MEDICAL ALLERGIES: \_\_\_\_\_  
(or something else we should know)

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Parent or Guardian signature)