



KEENE HIGH SCHOOL ICE HOCKEY PROGRAM

Waiver and Release of All Claims

Please read this form carefully and be aware that in signing up and participating in this program, you will be waiving and releasing all claims for injuries you might sustain arising out of this program.

Possible Risks Involved (but not limited to):

1. Head Injury (concussion, second-impact syndrome, skull fracture, subdural hematoma, death due to impact from puck or to ice, boards, or other obstacles).
2. Spinal Cord Injury (contusion, temporary paralysis, permanent paralysis, death due to head-down impact with boards or opponent).
3. Eye/Face/Throat Injury (from impact by puck or opponent's stick).
4. Severe Lacerations (from skates).

We, as a school, will try to prevent these situations from occurring by using proper coaching techniques and proper equipment.

As a participant in this program, I recognize and acknowledge that there are certain risks of physical injury. I agree to assume the full risk of any injuries, including death, damages, or loss that I may sustain as a result of participating in any and all activities connected with or associated with this program.

I agree to waive and relinquish all claims against the Keene School District and its officers, agents, servants, and employees from any and all claims from injuries, including death, damage, or loss which I may have or which may accrue to me on account of my participation in this program.

I do hereby fully release and discharge the Keene School District and its officers, agents, servants, and employees from any and all claims from injuries, including death, damage, or loss that I may have or which may accrue to me on account of my participation in this program.

I further agree to indemnify and hold harmless and defend the Keene School District and its officers, agents, servants, or employees from any and all claims resulting from injuries, including death, damages, and losses sustained by me and arising out of, connected with, or in any way associated with the activities of the program.

I have read and fully understand the above program details in this "Waive and Release of All Claims" form.

Participant Name

Participant Signature

Parent's or Legal Guardian's Signature

Date