



PLANO WILDCATS HOCKEY ASSOCIATION WAIVER AND MEDICAL RELEASE

I, (print participant name clearly) _____, wish to voluntarily participate in various athletic, sports, and entertainment activities and in other such activities held in conjunction with or considered a part of the AT&T High School Hockey League (the "League") based at the various ice rinks in the Dallas/Fort Worth metropolitan area, including, but not limited to Dr. Pepper StarCenter, Ice at Stonebriar, Addison Square Garden, Ice Training Center of Richardson, Skate-N-Texas, Reunion Arena, and American Airlines Center, realizing that injuries and accidents sometimes result.

In consideration of this opportunity to participate in the League, I, on behalf of myself, my parents and my family, and all of our agents, personal representatives, next of kin, heirs, successors, and assigns, and/or any other person or entity affiliated with therewith (the "Waiving Parties"), do hereby expressly and knowingly assume all risk of injury and do hereby expressly agree to forever discharge, release, defend, indemnify and hold harmless the Plano Wildcat Hockey Association, Coaches, Parents, and Volunteers, Dallas Stars, L.P., Dr Pepper StarCenters (Duncanville, Euless, Farmers Branch, Frisco, Plano, PSA, and Valley Ranch), The Ice at Stonebriar, Addison Square Garden, Ice Training Center of Richardson, Skate-N-Texas Cowtown Ice Arena, the City of Dallas, Reunion Arena, American Airlines Center, and/or their present and future officers, directors, partners, employees, shareholders, stakeholders, agents, representatives, corporate affiliates, instructors, successors, and assigns, other participants, owners and lessors of any premises used to conduct the League, the National Hockey League, NHL Enterprises, Inc., NHLE Canada, Inc., NHL Enterprises, B.V., and the NHL's Member Clubs jointly and severally (all of which are collectively referred to herein as the "Releasees") from and against all loss, liability, obligation, damage, cost, demand, suit, action, judgement, or expense whatsoever (including reasonable attorney's fees and court costs), whether known or unknown, accrued or contingent, that the undersigned may have or contend to have on account of any injury, including permanent disability, death, or damage to property, caused by or alleged to be caused in whole or in part as a result of participation in the League, including all claims arising out of negligence of Releasees or otherwise. I further authorize Releasees to obtain emergency medical treatment for me, including, if necessary, surgical procedures, if I am injured while participating in the League and, after reasonable attempts under the circumstances, Releasees are unable to contact a parent or legal guardian. All Waiving Parties understand that Releasees may not be able to contact a parent or legal guardian under emergency circumstances.

With my signature below, I expressly declare that I have carefully read this WAIVER AND MEDICAL RELEASE and fully agree to its content and meaning.

Signature _____ Date _____

Emergency Contact Name(s) / Phone Number(s):

NOTE: Next Page Must Be Completed and Signed by Parent or Legal Guardian (if under 18 yrs old)



FOR PARTICIPANTS UNDER AGE 18

This is to certify that I, as parent or guardian with legal responsibility for the above participant, (print player name clearly) _____, do hereby expressly consent and agree, on behalf of myself and all the aforementioned Waiving Parties, to my minor child's WAIVER AND MEDICAL RELEASE as provided on the prior page for all the Releasees of and from any and all loss, liability, obligation, damage, cost, demand, suit, action, judgement, or expense whatsoever (including reasonable attorney's fees and court costs), whether now known or unknown, accrued or contingent, with respect to any matter pertaining to or arising out of my child's participation in the League, including medical treatment obtained by the Releasees on my child's behalf for injuries arising out of my child's participation in the League, whether caused by or alleged to have been caused by, in whole or in part, the negligence of the Releasees. I further authorize Releasees to obtain emergency medical treatment for my child, including, if necessary, surgical procedures, if my child is injured while participating in the League and, after reasonable attempts under the circumstances, Releasees are unable to contact me. All Waiving Parties understand that Releasees may not be able to contact a parent or legal guardian under emergency circumstances.

With my signature below, I expressly declare that I have carefully read this WAIVER AND MEDICAL RELEASE and fully agree to its content and meaning.

Parent / Guardian Signature _____ Date _____

Emergency Contact Name(s) / Phone Number(s):

