

Adirondack Phantoms Professional Hockey Club Waiver and Release of Liability

In consideration of being allowed to participate in any way in Adirondack Phantoms athletic/sports programs, related events and activities, the undersigned:

- A. Agrees that prior to participating, they each will inspect the facilities and equipment to be used and if they believe anything is unsafe, they will immediately advise their coach, supervisor or a member of the sponsoring teams staff of such condition(s) and refuse to participate
- B. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions or negligence of others, the rules of play or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
- C. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
- D. Release, waive, discharge and covenant not to sue Adirondack Phantoms, its affiliate clubs, their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releases" from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the release or otherwise.
- E. I grant my permission to the foregoing parties to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose.

THE UNDERSIGNED HAVE READ THE ABOVE WAIVER AND RELEASE,
UNDERSTAND THAT THEY HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT
AND SIGN IT VOLUNTARILY.

Printed Name

Signature

Date

Witness

Address

Daytime Phone

City, State Zip

Evening Phone