## Assumption of Risk, Waiver of Liability, Indemnity Agreement, & Photo/Video Release Form



Broken Sticks Hockey PO Box 254 Orchard Park, NY 14127

Prior to participating in Broken Sticks Hockey events and activities,

I acknowledge, and agree that: I am 18 years of age or older. I understand and accept the risk of injury, paralysis and death, resulting from participation in Broken Sticks Hockey. I knowingly and freely assume all such risks and full responsibility for my participation; and I willingly agree to comply with the rules, terms and conditions of participation. I, for myself and on behalf of my representatives, hereby release, and hold harmless Broken Sticks Hockey, their owners, officers, officials, agents and/or employees, instructors, coaches, other participants, sponsoring agencies, sponsors, advertisers, and owners and lessors of premises used for the activities "Releasees", with respect to any and all injury, disability, death, or loss or damage to person or property associated with my presence or participation, to the fullest extent permitted by law.

I agree to grant to Broken Sticks Hockey and its authorized representatives permission to record on photography film and/or video, pictures of my participation. I further agree that any or all of the material photographed may be used, in any form, as part of any future publications, brochure, social media posts including but not limited to; Facebook, Twitter, Instagram, or other printed materials used to promote Broken Sticks Hockey, and further that such use shall be without payment of fees, royalties, special credit or other compensation.

I have read and fully understand the Broken Sticks Hockey Concussion Protocol which is located on the Broken Sticks Hockey Website: http://www.brokenstickshockey.com/about.html#ConcussionProtocol

I have read this release of liability, assumption of risk, and photo/video agreement, fully understand its terms, and sign it freely and voluntarily without any inducement.

Partici pant's Signature	Date of Birth	Date Signed
Printed Name	Email Address	

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