

SPOKANE WOMEN'S HOCKEY – 2007-08

Name: _____

Address: _____

City _____ State _____ Zip Code _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-mail Address: _____

Date of Birth: _____

I understand that upon paying my \$10 membership dues, this document will be considered a statement of my compliance with the Bylaws of Spokane Women's Hockey. My membership also allows me to participate in the Women's Recreational Hockey League. In addition, to participate in the WRHL or in any tournaments that are USAHockey sanctioned, I must also pay a yearly membership to USAHockey. If I do not choose to pay that fee through SWH, I must have a valid membership card to show before participating in the WRHL or in sanctioned tournaments.

Signature: _____ Date: _____

Acknowledgement/Hold Harmless Agreement/Release of Claims for those wishing to participate in the Women's Recreational Hockey League 2007-08

NOTE: You must be 18 to participate in the WRHL.

I plan to participate in the WRHL during the 2007-08 season as a full-time player _____ or _____ substitute player _____

hockey experience (number of years played) _____
position _____

(next page for signature of Acknowledgement for WRHL)

I, *(please sign your full name)* _____
hereby agree and commit to participating in the Women's Recreational Hockey League for the 2007-08 season.

I understand and acknowledge that my participation is contingent upon fulfilling a financial obligation, specifically an equitable share of my team's per game cost for no less than four consecutive games, payable if I actually participate or not, and that in consideration of my privilege to participate in the WRHL, I have certain rights and obligations that are revocable.

Further, recognizing that participation in the WRHL games involves some form of personal risk, I agree to hold harmless the WRHL and its volunteer representatives, any other organizations with which the WRHL is affiliated or contracts with for services and their appointed representatives from any and all liability, actions, causes of actions, debts, claims, and demands of every kind and nature that may arise out of or in connections with my participation. The terms hereof shall serve as a release and assumption of risk for my heirs, executors and administrators, and for all members of my family with respect to any claims which they or I have arising out of or in connection with my participation.

(For the Registrar's Use)

SWH Dues: \$ _____ **Date:** _____

USA Hockey Dues (*paid through SWH*): \$ _____ **Date:** _____

OR membership verified: _____ **Date:** _____

Please give or mail this form to:

**Sheryl Pierce, Registrar for SWH
4002 E. Pratt Ave.
Spokane, WA 99202**