



ICE TRAINING CENTER
ICE ACTIVITIES PARTICIPANT

ADULT LEAGUE INDIVIDUAL APPLICATION AND RELEASE OF LIABILITY

League: B C1 C2 D I WMN MCHA

Position: Fwd Def Goalie **Height** _____ **ft** _____ **ins** **Weight** _____ **lbs**

Date of Birth: _____/_____/_____ **Team:** _____

PLAYER NAME: _____ **PHONE:** _____

Address: _____ **City:** _____ **State:** TX **Zip:** _____

E-mail: _____@_____

EMERGENCY CONTACT: _____ **PHONE:** _____

Waiver and Release

Read Before Signing Participant Sheet

In consideration of being allowed to participate in any way in ice activities, which may include participation in hockey games or practices (the "Activities"), at Ice Training Center – Richardson (the "Arena"),

I _____, by signing the participant sheet, acknowledge and agree that:

1. The risk of injury from the Activities is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, training, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown of my participation in the Activities at the Arena, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation in the Activities at the Arena. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS IAM OPERATIONS, LLC, its officers, members, owners, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. Arbitration: In further consideration of allowing me to participate in the Activities, I hereby agree to submit to binding arbitration any and all claims, which I believe I may have arising from my activities from the Arena. A single arbitrator in Dallas, Texas pursuant to the rules of the American Arbitration Association shall conduct the arbitration. The arbitrator shall apply the Federal Rules of Evidence to all proceedings. Arbitration shall be commenced within one (1) year from the date on which any alleged claim first arose. The submission to the American Arbitration Association shall be unlimited and any court of competent jurisdiction may enforce the arbitration award.

I HAVE READ THIS WAIVER AND RELEASE, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THE RESPECTIVE PARTICIPANT SHEET, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT. BY SIGNING I ALSO INDICATE THAT I UNDERSTAND AND AGREE TO BE BOUND BY THE ICE TRAINING CENTER'S LEAGUE RULES AND REGULATIONS WHICH HAVE BEEN FURNISHED TO ME BY MY TEAM COORDINATOR AND/OR HAVE BEEN REVIEWED AT WWW.ICETRAININGCENTER.COM

Print Name: _____

Signature: _____ **Date:** _____

**ANY PLAYER WHO DOES NOT HAVE A SIGNED WAIVER & RELEASE ON RECORD WITH ITC WILL FORFEIT ANY AND ALL INSURANCE COVERAGE AND NOT BE ELIGIBLE FOR LEAGUE PLAY.
NO EXCEPTIONS WILL BE MADE.**

ITC Hockey League Accidental Medical Insurance Plan

Who is Covered?

Each participant, coach, manager, trainer or on-ice official is covered while competing in a covered activity of the policyholder during the covered season or event.

Basic Medical Program for Leagues

\$25,000 Medical Expense Maximum
\$15,000 Accidental Death Benefit
\$1,000 Deductible (\$50 for camps)

Medical Benefits

If the first Eligible Expense is incurred within 26 weeks from the date of a covered Accident, we will pay up to the Total Maximum Benefit Amount as shown on the Schedule of Benefits, subject to the Deductible Amount, and that are in excess of expenses payable by any other health care plan.

Catastrophic Program for Leagues

\$1,000,000 Medical Expense Maximum
\$25,000 Deductible

Medical Benefits

If the first usual and customary charges for services or supplies which are incurred by the covered person for the medically necessary treatment of an injury are incurred within 26 weeks from the date of the covered accident and \$25,000 of eligible expenses are incurred within 2 years after the date of the accident, we will pay up to the maximum benefit amount as shown in the policies schedule of benefits, subject to the deductible amount and that are in excess of expenses payable by any other health care plan.

Notable Exclusions (see policy for complete listing)

Intentionally self-inflicted injury, voluntary self-administration of any drug or chemical substance not prescribed by a physician, commission of a felony, riot, act of war, eyeglasses, contact lenses, hearing aids. Expenses covered by workers compensation.

This information is for illustrative purposes only, see policy for complete details of coverage.

In the event of any injury sustained during the play of a League Game at Ice Training Center, the participant should notify a member of ITC Management ASAP after the incident. When possible, please have an incident report completed at the time of the injury. If the nature of the injury prevents this, please contact ITC Management as soon as possible to complete an incident report.

If an insurance claim is to be filed, please contact ITC Management to initiate the claim process.

All participants MUST sign a waiver & release of liability. Failure to do so will be a forfeiture of your right to insurance coverage and eligibility for league participation.

INITIALS