University of Illinois - Division of Campus Recreation

Fall Recreational Hockey League 2017

IMPORTANT: Must be 21 years or older to participate (Undergrads are not eligible to play in the league, except for special circumstances). A valid iCard is required at the time of registration for students or members wanting to pay the member rate. No one is guaranteed a specific spot at the time of registration. Teams will be chosen after the evaluation day which will be held September 17 (Session 1: 8-9pm; Session 2: 9:15-10:15pm). Play begins September 24, 8 games guaranteed. All games will be played on Sunday evenings. Times may change.

Name: _____ Email: _____

Phone: _____ Birthdate: _____

Street Address: _____ City: _____ Zip Code: _____

Affiliation (circle one): Graduate Student Campus Rec Member Public

UIN Number:_____

Captain interest: Yes No Maybe_____

In case of emergency, notify: _____Phone: _____

Preferred Position: _____

Rate your hockey skills (circle one): low 1 2 3 4 5 6 7 8 9 high

Average skating ability & knowledge of hockey required. List previous playing experience:

_____

_____

Interested in being contacted for playing as a sub: Yes No

REGISTRATION FEE: $100.00/Campus Rec Member or **$125.00**/Public

*valid iCard required at the time of payment for discounted rate

Payment

Check #: _____

☐Visa ☐Mastercard ☐Discover

Card #: ____/____/____/____

Name on Card: _____

Expiration Date: ____/____

3 digit code (on back of card): _____

Signature: _____

OFFICE USE ONLY

Total $: _____

Receipt #: _____

C.C. Authorization #: _____

CSA Initials: _____ Date: _____

----------**COMPLETE THE WAIVER ON THE OTHER SIDE** ----------

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in Campus Recreation Hockey taking place at the University of Illinois Campus Recreation facilities, I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** the Board of Trustees of the University of Illinois and its respective officers, employees, and agents from liability from any and all claims including those which result in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in Campus Recreation Ice Hockey.

_____ _____

Signature of Participant Date Print Name

Assumption of Risks: Participation in Hockey carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as eye injury or loss of sight, joint or back sprains, strains, breaks, concussions, cuts, cardiac arrest, partial or total paralysis and death. We strongly recommended that you consult your personal physician before starting any fitness program.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in Ice Hockey. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD the Board of Trustees of the University of Illinois HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees, brought as a result of my involvement in Campus Recreation Ice Hockey and to reimburse it for any such expenses incurred.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

_____

Signature of Participant Date

_____

Witness Date