

# Middlesex Yankee Conference Hockey League

## Waiver/ Release/ Compliance For COVID-19

### ASSUMPTION OF RISK/ WAIVER OF LIABILITY/ COMPLIANCE AND INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate in the MYCGL the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, 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 terms and conditions for participation as dictated by the Commonwealth of Massachusetts, Local Boards of Health, League(s) and Ice Arenas regarding safeguards and protection against infectious diseases. If, however, I observe and any unusual or 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 AND HOLD HARMLESS Stoneham Youth Hockey Association, Inc. their officers, officials, coaches, and 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 ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AND COMPLIANCE AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

DATE: \_\_\_\_\_ MYC TEAM: \_\_\_\_\_

COACH \_\_\_\_\_ Contact Phone Number : \_\_\_\_\_

COACH \_\_\_\_\_ Contact Phone Number : \_\_\_\_\_

COACH \_\_\_\_\_ Contact Phone Number : \_\_\_\_\_

TEAM Manager : \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_