



# UAA Hockey Alumni Association's 9<sup>th</sup> Annual



## 3 On 3 Challenge

**\*\*\*Open to the public\*\*\***

Players do **NOT** have to be UAA Alumni to participate  
Must be 18 years or older to compete

**Saturday, February 16, 2013 - Sullivan Arena**

1:00 – 4:30 pm

2 Divisions - Only 6 team slots available per division

**Gold – Elite (Open Division)**

**Green – (Older/Slower)**

**4 Skaters and a goalie per team**

No Checking – No Slapshots – Full Hockey Gear Required

**\$150.00 per team**

For more information call Todd Bethard at 947-1274

Visit us at <http://hockeyalumni.uaa.alaska.edu/> or E-mail: [hockeyalumni@alaska.com](mailto:hockeyalumni@alaska.com)

Detach and mail-in

### UAA Hockey Alumni Association 3 On 3 Challenge 2013 Registration Form

Team Contact: \_\_\_\_\_ Phone/E-mail: \_\_\_\_\_

Division: Gold \_\_\_\_\_ Green \_\_\_\_\_

Player 1: \_\_\_\_\_ Signature\*: \_\_\_\_\_

Player 2: \_\_\_\_\_ Signature\*: \_\_\_\_\_

Player 3: \_\_\_\_\_ Signature\*: \_\_\_\_\_

Player 4: \_\_\_\_\_ Signature\*: \_\_\_\_\_

Goalie : \_\_\_\_\_ Signature\*: \_\_\_\_\_

Amount: \_\_\_\_\_ Form of payment: Cash \_\_\_\_\_ Check \_\_\_\_\_ Visa \_\_\_\_\_ MC \_\_\_\_\_

Make checks payable to UAA Hockey Alumni Association.

Mail to:

UAA Hockey Alumni Association  
c/o UAA Athletic Department  
3211 Providence Drive, WFSC 220  
Anchorage, AK 99508-4614

Card # \_\_\_\_\_

Expiration date \_\_\_\_\_

Signature \_\_\_\_\_

Print Cardholder name \_\_\_\_\_

**Do not fax in forms with CC info – Call 786-1293**

\*By signing this form I agree to the following 'Waiver and Release'

**WAIVER AND RELEASE:** In consideration of being allowed to participate in the UAA Hockey Alumni Association's (UAA HAA) '3 On 3 Challenge' (herein called "The Challenge") the undersigned (herein called the "participant") acknowledges and agrees that: The participation in 'The Challenge' has inherent physical risks that may result in serious damage or personal injury. I understand the inherent risks. I knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for my participation. I willingly agree that I will comply with the stated and customary terms and conditions and rules for participation. I however recognize that doing so will not eliminate all risk from the activity. Participant will not hold UAA Hockey Alumni Association, University of Alaska Anchorage, or any of its board members, agents, employees, officials, owners, managers, proprietors, or the Sullivan Arena or any of its agents, employees, officials, owner, managers, or proprietors, liable for injury that the participant may sustain in, at, or relating to the Challenge activity. Participant is responsible for any and all medical costs for any injuries arising from participation in the Challenge. Participant has no known medical condition that restricts or prohibits participation in ice hockey, ice skating, or any related activity. Nor does participant have any known medical condition which puts him or her at greater risk of injury or death resulting from any risks associated with participating in the Challenge, whether such risks are known or unknown to participant. UAA HAA strongly recommends a medical examination before participation. Participant shall act in a mature and responsible manner. Any behavior that UAA HAA deems to endanger the safety of other persons or property, or jeopardize UAA HAA's ability to lease ice or otherwise conduct their business will result in the participant's immediate expulsion. Participant may be expelled from the Challenge for any of the following reasons: a) financial delinquency; b) failure to abide by all UAA HAA's Challenge and ice rink rules and directives; c) falsification of registration information. UAA HAA may use, without compensation to the undersigned or participant, any photo, audio and/or video recording of the Challenge activity in which the participant appears, for promotional, advertising or educational purposes. The undersigned acknowledges that UAA HAA board members, managers, agents and representatives have made no representations, warranties, inducements or promises which are not contained herein and that this signed form represents the entire Agreement between the undersigned and UAA HAA. In the case of a medical emergency I give permission for UAA HAA, its officers, officials, employees, representatives and agents to seek medical attention for myself and that UAA HAA is not responsible for any loss or damage to personal items at the facility.