



# CO-OPERATOR'S CENTRE HOCKEY LEAGUE – UNDERAGE PLAYER WAIVER

## Section 1 – LEAGUE

The Participant assumes all risk of personal injury that may result from participation in all activities of the CO-OPERATORS CENTRE HOCKEY LEAGUE. The Player will not hold the League, any league officials, staff, owners or the proprietor or employees of any ice facility used by the League, liable for injury that the Participant may sustain while participating in any league activity. The Participant understands and agrees that the sport of ice hockey has physical dangers that may result in serious injury or death. The Participant is advised to carry medical insurance. The Participant certifies that he/she has no known medical condition that would prohibit him/her from participating in the sport of ice hockey. The Participant agrees to wear specified equipment set out in league rules, including **FULL FACE SHIELD, NECKGUARD, AND SHOULDER PADS**. The Participant agrees that he/she will act in a responsible manner in all League activities. The Participant agrees to reimburse the league, in full within five days of notice, for the cost of any property damage for which the Participant is held responsible by the League staff or owners. The determination of such responsibility shall be binding on the Participant. The Participant agrees to the League policy that there is no reimbursement to any Participant. ALL TEAM MEMBERS / PLAYERS ACKNOWLEDGE THAT THERE WILL BE NO TOLERANCE FOR ABUSE OF OFFICIALS IN THE LEAGUE. OFFENDERS WILL BE SUSPENDED ACCORDINGLY.

## Section 2 – EVRAZ PLACE, REGINA EXHIBITION ASSOCIATION LIMITED

Each Participant using the ice facilities of the Co-operators Centre ("Evraz Place") assumes all risk of personal injury that may result from participation in any activity conducted in any facility. The Participant will not hold Evraz



Place or any of its officials, staff, owners or the proprietor or employees of any facility liable for injury that the Participant may sustain while participating in any of the aforesaid activities. The Participant understands and agrees that any sport or other activity conducted on ice has physical dangers that may result in serious injury or death. The Participant is advised to carry both primary and extended medical insurance. The Participant certifies that he/she has no known medical condition that would prohibit him/her from engaging in any activity on ice.

## Section 3 – Acceptance of Terms and Conditions

I have read this agreement thoroughly and understand the terms. No oral representations or statements or inducements have been made to me that change, alter or modify anything within the written agreement.

PLAYER NAME \_\_\_\_\_

PLAYER SIGNATURE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ PHONE NUMBER(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, PROVINCE, POSTAL CODE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

### PARENT/GUARDIAN AGREEMENT AND INFORMATION

I, \_\_\_\_\_ (Parent name) HEREBY GRANT PERMISSION TO \_\_\_\_\_  
 (Son/Daughter name) TO PARTICIPATE IN THE CO-OPERATOR'S CENTRE HOCKEY LEAGUE IN REGINA, SK FOR THE \_\_\_\_\_ (Year)  
 \_\_\_\_\_ (Season) on \_\_\_\_\_ (Team Name). HE/SHE IS UNDER THE AGE OF 18 YEARS OLD.

Parent / Guardian Signature \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Email Address \_\_\_\_\_

LEAGUE STAFF SIGNATURE \_\_\_\_\_