



# Macarthur Hockey Association Inc.

## PLAYER AGREEMENT WAIVER

### Exclusion of Liability for Damage to a Team Member / Player's Person or Property and Indemnity as a result of NON wearing of shin pads and mouthguard

#### Macarthur Hockey Association Competitions and Championships

I hereby accept there is an inherent and foreseeable risk of receiving a knock to the lower legs and the mouth or a ball striking my lower legs and my mouth in undertaking hockey activities. I acknowledge these risks are why Macarthur Hockey Association has a Rule advocating the compulsory wearing of shin pads and mouthguards. I accept and acknowledge my Club supports the Competition Rule of Macarthur Hockey Association.

I hereby agree that my Club, Macarthur Hockey Association, its Board members, Umpires, Technical officials and other volunteers shall not be nor be deemed responsible or liable whether in contract, or in tort or under statute, for any injury, illness or other mishap to me or my property sustained in, arising from or out of, or in any way directly or indirectly connected with any match, competition, representative championship, practice, training or function of whatsoever nature held from the date of this Agreement or in any way directly or indirectly connected with the team or with any medical or scientific examinations, tests or treatments conducted on me from the date of this Agreement as a result of my non-compliance with any Macarthur Hockey Association Competition rule relating to the recommended compulsory wearing of shin pads and mouthguards.

I hereby indemnify and will at all times hereafter well and sufficiently indemnify and keep fully indemnified my Club, Macarthur Hockey Association, its Board members, Umpires, Technical officials and other volunteers from and against all actions, suits, causes of action, proceedings, claims, demands, costs and expenses whatsoever which may be taken or made against my Club, Macarthur Hockey Association, its Board members, Umpires, Technical officials and other volunteers or incurred or become payable by my Club, Macarthur Hockey Association, its Board members, Umpires, Technical officials and other volunteers in connection with, or arising out of any such injury, illness or mishap to me or my property arising from my non-compliance and/or refusal to wear shin pads and a mouthguard.

Player Name: \_\_\_\_\_ Club: \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
(Player Signature)

\_\_\_\_\_  
(Club Secretary Signature)

\_\_\_\_\_  
(MHA Signature VP – Operations or Secretary)

\_\_\_\_\_  
(Club Secretary Name)

**Copy of Medical Certificate must be attached**