



TOPAZ HOCKEY 2015 SEASON REGISTRATION & WAIVER



YOUR CONTACT INFORMATION

FIRST NAME

LAST NAME

PHONE NUMBER

EMAIL

BIRTHDAY

JERSEY NUMBER

EMERGENCY CONTACT

FIRST NAME

LAST NAME

HOME PHONE

CELL PHONE

RELATION

BY SIGNING THIS DOCUMENT, YOU WILL WAIVE CERTAIN LEGAL RIGHTS INCLUDING THE RIGHT TO SUE

PLEASE READ CAREFULLY

PLAY AT OWN RISK. I am aware that ball or roller hockey is a physical, fast paced sport and sometimes can involve contact, also playing ball or roller hockey in a mini hockey league involves many risks, dangers and hazards including, but not limited to: impact and collision with other players, objects or equipment used in connection with playing ball or roller hockey; changes in the type of surface and the condition of the box, including boards, benches and doors at Topaz Park Hockey Box; Victoria, British Columbia, playing with or without officials, with or without first aid attendants. Players play at their Own Risk. Players play with stick and ball. Players are encouraged to wear such gear as helmets with cage or visor, mouth guards, neck guard, jocks, chest protector, elbow pads, hockey pants, shin guards, proper shoes or rollerblades; all this stated gear is to the responsibility of the player, not Topaz Hockey. Also maintaining such gear is to the responsibilities of the player, not Topaz Hockey. Included in these risks, in no way shape or form is it the responsibility on the part of Shane Nicholls or TOPAZ HOCKEY. I freely accept and fully assume all such risks, dangers and hazards and the possibility of personal injury, death, property damage, expense and related loss including loss of income, and other loss resulting there from. **RULES.** I have read and understand the several pages of Rules and Regulations; I fully understand the rules and regulations, the game structure, what is expected of me. I understand the game rules and I understand what is acceptable and what is not, I agree to play within these guidelines. **PERMIT.** I understand that organizer Shane Nicholls of Topaz Hockey, will have a permit in his name, the permit will be present with him at all times to guarantee our play time at Topaz Hockey Box on Sundays, the name on the permit has the authority to ask players to leave if they are being unsafe or harmful to any other players. I also understand that in the case we have an over-capacity, Shane Nicholls have the authority to ask a Drop-in player to leave. I understand that there are full-time players (members) that have paid for the season (permit) up front and thus are guaranteed a spot each Sunday over drop-in players; however I do understand play time must be equally shared for all players, full-time or drop-in, skilled or not skilled. Capacity is at 26 players and 2 Goalies. **INSURANCE.** I understand that the City of Victoria, Parks and Recreation, Topaz Hockey, has paid for insurance under the insurance program for municipalities and community center user groups, provided by the City of Victoria, Parks and Recreation under All Sport Insurance LTD. **HAVE FUN, PLAY SAFE, AND HAVE GOOD SPORTSMANSHIP.** I am aware that if failure to play safe will lead to you being asked to leave; failure to safely play within one's own ability; failure to play against others of equal stature or ability in a safe manor; theft, negligence, causing bodily harm with intent to injure other players; will result in either being asked to leave Topaz Box or resulting in being removed from the playing surface by the appropriate authorities. If for some reason you are asked to leave and you choose to not leave, CRD Parks and Recreational and the Victoria Police will be called to remove you. **RELEASE OF LIABILITY AND WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT.** In participating in TOPAZ HOCKEY of the 2015 Season, April 7 to October 20, organized by Shane Nicholls, I hereby agree to the following: **1. TO WAIVE ANY AND ALL CLAIMS:** I have or may in the future have against Shane Nicholls and Topaz Hockey, their representatives and executives, and to release the releases from any and all liability for any loss, damage, injury of expense that I may suffer, or that my next of kin may suffer as a result of my use of or my participation at Topaz Hockey due to any cause whatsoever, including negligence, breach of contract, or breach of any statutory or other duty of care. **2.** This Agreement shall be effective and binding upon my heir(s), next of kin, executors, administrators, assigns and representatives, in the event of my death or incapacity. **3.** This Agreement shall be governed by and interpreted in accordance with the laws of the Province of British Columbia. **4.** Any litigation involving the parties to this Agreement shall be brought within the Province of British Columbia. In entering into this Agreement I am not relying upon any oral or written representations or statements made by the Releases other than what is set forth in this Agreement. I have read and understand this agreement and I am aware that by signing this agreement I am waiving certain legal rights which I or my heirs, next of kin, executors, administrators, assigns and representatives may have against the releases.

This Agreement must be completed in full, signed, dated and witnessed before participation at TOPAZ HOCKEY. 2015

Signature: _____

Date: _____

Print Full Name: _____

Witness Name: _____

Date: _____

Witness Signature: _____