



ISCH Mouthguard Waiver

PLAYER AGREEMENT

Exclusion of Liability for Damage to Team Member's Person or Property and Indemnity as a result of non-wearing of mouthguard – ISCH Competitions

I hereby accept there is an inherent and foreseeable risk of receiving a knock to the mouth or a ball striking my mouth in undertaking hockey activities. I acknowledge these risks and understand why ISCH and Hockey NSW have a policy advocating the compulsory wearing of mouthguards.

I hereby agree that Illawarra South Coast Hockey, its 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, practice, training or function of whatsoever nature held during the period 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 during the period of this Agreement as a result of my non-compliance with the ISCH and Hockey NSW safety rule relating to the compulsory wearing of mouthguards.

I hereby indemnify and will at all times hereafter well and sufficiently indemnify and keep fully indemnified Illawarra South Coast Hockey and Hockey NSW, its members, employees, 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 Illawarra South Coast Hockey or Hockey NSW, its members, employees, umpires, technical officials and other volunteers or incurred or become payable by Illawarra South Coast Hockey or Hockey NSW, its members, employees, 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 a mouthguard.

Player Name: _____ Club: _____

Competition: _____ Dates: _____

Dated this _____ day of _____, 20____

(Player Signature)

(Parent/Guardian Signature if under 18)

(Club Executive Signature)

(Association Executive Signature)

(Witness Printed Name)

(Witness Signature)

(Witness Address)

Copy of medical certificate must be attached

Exemption forms should be submitted to the Registrar two (2) days prior to the first match the player is to participate in