



MOUTH GUARD ☐ /SHINPADS ☐ WAIVER

(Please Tick Appropriate Box/s)

To be completed before playing a match in a competition organised by M.V.H.A Inc

PLAYER AGREEMENT

Exclusion of Liability for Damage to a Member's Person or Property and Indemnity as a result of not wearing a mouth guard and/or shin pads

I hereby accept there is an inherent and foreseeable risk of being struck by a ball including being struck by a ball in the mouth and/or shins in undertaking hockey activities. I acknowledge these risks are why Manning Valley Hockey Association has a policy regarding the wearing of mouth guards and shin pads. I accept and acknowledge that my association supports the policy of Hockey NSW.

I hereby agree that Manning Valley Hockey Association Inc. its employees, 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 Manning Valley Hockey Association Inc. safety rule relating to the wearing of mouthguards and or shin pads.

I hereby indemnify and will at all times hereafter will and sufficiently indemnify and keep fully indemnified Manning Valley Hockey Association Inc., its 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 Manning Valley Hockey Association Inc., its employees, umpires, technical officials and other volunteers or incurred or become payable by Manning Valley Hockey Association Inc., its 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 mouth guard and/or shin pads

Member's Name: _____
(Please Print)

(Player's Signature) (Parent/Guardian Signature's if under 18)

Dated this _____ day of _____ 20____

(Witness Printed Name) (Witness Signature)

(Witness Address)

Signed copies: a. To the Association Secretary for their records ☐
b. To the manager of my team to be shown to match umpires if requested ☐
c. The player or their guardian ☐