



SEHA Shin Guard and Mouthguard Waiver Agreement

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

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 Sydney East Hockey Association has made a requirement for shin guards and mouthguards to be worn. I accept and acknowledge my Club supports the requirement of Sydney East Hockey Association.

I hereby agree that Sydney East Hockey Association, its Directors, Umpires, 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 or training of whatsoever nature held from the date of this Agreement or in any 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 the Sydney East Hockey Association competition safety rule relating to the requirement of wearing shin guards and mouthguards.

I hereby indemnify and will at all times hereafter sufficiently indemnify and keep fully indemnified Sydney East Hockey Association, its Directors, Umpires, 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 Sydney East Hockey Association, its Directors, Umpires, Officials and other volunteers or incurred or become payable by Sydney East Hockey Association, its Directors, Umpires, 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 guards and a mouthguard.

Player Name: _____

Team: _____

Dated this _____ day of _____ 20____

(Player's Signature)

Team Manager's Signature

(Club Secretary's Name)

(Club Secretary's Signature)

Copy of Medical Certificate must be attached where applicable