

AGE ELIGIBILITY WAIVER APPLICATION FORM

I _____ [name] of _____ [club]

hereby apply to participate in the SEHA Competition in the _____ [division/age group]

for the _____ [season/year]. My date of birth is ____ / ____ / ____ [DOB].

In addition to the terms and conditions as part of my HOCKEY NSW registration, I request SEHA to consider my Age Eligibility Waiver being accepted **I acknowledge and agree** that:

1. In this participant declaration: "**Claim**" means and includes any action, suit, proceeding, claim, demand, damage, cost or expense however arising including but not limited to negligence but does not include a claim against SYDNEY EAST HOCKEY ASSOCIATION under any right expressly conferred by its constitution or regulation; "**Competition**" means the hockey competition known as the SEHA Junior Competition, owned and operated by SYDNEY EAST HOCKEY ASSOCIATION; "**SYDNEY EAST HOCKEY ASSOCIATION**", or "**SEHA**" means SYDNEY EAST HOCKEY ASSOCIATION PTY LTD and, where the context so permits, its respective directors, officers, members, servants or agents; "**Hockey Activities**" means performing or participating in any capacity in any authorised or recognised SEHA activity; "**Hockey Organisations**" means SYDNEY EAST HOCKEY ASSOCIATION and any other related hockey organisation or club, as advised from time to time which may include, but shall not be limited to, Hockey NSW, Hockey Australia Inc and the International Hockey Federation.
2. **If my application for participation is accepted**, which will be deemed to have occurred upon my participation in Hockey Activities, I acknowledge that I will be bound by and agree to comply with the rules, regulations and policies of SEHA and any other Hockey Organisations that relate to the Competition.
3. **Warning:** Hockey Activities can be inherently dangerous. I acknowledge that I am exposed to certain risks during Hockey Activities and that accidents can and often do happen which may result in me being injured or even killed, or my property being damaged. I have voluntarily read and understood this warning and accept and assume the inherent risks in participating in the Hockey Activities.
4. **Exclusion of Implied Terms:** I acknowledge that where I am a consumer of recreational services, as defined by any relevant law, certain terms and rights usually implied into a contract for the supply of goods or services may be excluded. I acknowledge that these implied terms and rights and any liability of SEHA flowing from them, are expressly excluded to the extent possible by law, by this participant declaration. To the extent of any liability arising, the liability of SEHA will, at the discretion of SEHA, be limited in the case of goods, to the replacement, repair or payment of the cost of replacing the goods and in the case of services, the resupply of the services or payment of the cost of having the services supplied again.
5. **Release and Indemnity:** In consideration of SEHA accepting my application for participation, I, to the extent permitted by law:
 - (a) release and will release SEHA from all Claims that I may have or may have had but for this release arising from or in connection with my participation in any Hockey Activities; and
 - (b) indemnify and will keep indemnified SEHA in respect of any Claim by any person arising as a result of or in connection with my participation in any Hockey Activities.
6. **Fitness to Participate:** I declare that I am medically and physically fit and able to participate in the Hockey Activities. I will immediately notify SEHA in writing of any change to my medical condition, fitness or ability to participate. I understand and accept that SEHA will continue to rely upon this declaration as evidence of my fitness and ability to participate.
7. **Medical Treatment:** I consent to receiving any medical treatment that SEHA reasonably considers necessary or desirable for me during my participation in Hockey Activities. I also agree to reimburse SEHA for any costs or expenses incurred in providing me with medical treatment.
8. **Privacy:** I understand that the information I have provided above is necessary for the objects of SEHA. I acknowledge and agree that the information will be disclosed to SEHA and will only be used for the objects of SEHA, the general business of SEHA, and to provide me with services. I understand that I will be able to access the information through SEHA. If the information is not provided, this application may be rejected. I acknowledge that SEHA may also use my personal information for the purposes of providing me with promotional material from SEHA sponsors or third parties. I may advise SEHA if I do not wish to receive from SEHA, any sponsor or third party promotional material.

9. **Severance:** If any provision of this participant declaration is invalid or unenforceable in any jurisdiction, the phrase or clause is to be read down for the purpose of that jurisdiction, if possible, so as to be valid and enforceable. If the phrase or clause cannot be so read down it will be severed to the extent of the invalidity or unenforceability. Such severance does not affect the remaining provisions of this participant declaration or affect the validity or enforceability of it in any other jurisdiction.
10. **I have provided the information required above and signed this declaration.** I warrant that all information provided is true and correct. I acknowledge this participant declaration cannot be amended. If I do amend it my application will be null and void. It cannot be accepted by SEHA.

I have read, understood, acknowledge and agree to the above terms including the warning, exclusion of implied terms, release and indemnity. I also understand, acknowledge and agree to participate in the Competition in the age group indicated below, including if this heightens the inherent risk of the Hockey Activities.

Name: _____ Club: _____

Competition: _____ Team: _____

Signed: _____ Date: ____ / ____ / ____

Where the applicant is under 18 years of age this declaration must also be signed by the applicant’s parent or legal guardian.

I, _____ am **the parent or guardian** of the applicant. I authorise and consent to the applicant undertaking the Hockey Activities and, in particular, to participating in the Competition in the age group indicated above, including if this heightens the inherent risk of the Hockey Activities. In consideration of the applicant's participation in the Competition being accepted, I expressly agree to be responsible for the applicant’s behaviour and agree to accept in my capacity as parent or guardian, the terms set out in this participant declaration, including the provision by me of a release and indemnity in the terms set out above. In addition, I agree to be bound by and to comply with I will be bound by and agree to comply with the rules, regulations and policies of SEHA and any relevant Hockey Organisations that relate to the Competition.

Parent Name: _____ Parent Signature: _____ Date: ____ / ____ / ____

Witness Name: _____ Witness Signature: _____ Date: ____ / ____ / ____

Hockey Organisation

I am an authorised representative of _____ [name of Hockey Club].

I declare that, on behalf of the Hockey Club/Organisation named above, I have discussed the inherent risk of participating in the Hockey Activities with the participant and his/her parent/guardian. In particular, we have discussed that where the participant is participating in the Competition in an age group above where they might otherwise play, this may heighten the inherent risk of the Hockey Activities.

Authorised person’s name: _____ Position: _____

Authorised person’s signature: _____ Date: ____ / ____ / ____