



Through the registration process for SOUTH HURON MINOR HOCKEY ASSOCIATION all registrants will have read through and provided accurate information and consent to safely participate in all applicable activities. In addition to the online information it is important to read through the below carefully before signing. YOU WILL GIVE UP LEGAL RIGHTS INCLUDING THE RIGHT TO SUE FOR ANY INJURY OR DAMAGES, HOWSOEVER CAUSED.

IN CONSIDERATION for being permitted to participate in any way in South Huron Minor Hockey Association (SHMHA) Activities (as defined below), I hereby confirm and agree with the SHMHA and its employees, agents, representatives, volunteers, independent contractors, subcontractors, service providers, successors, and assigns (collectively the “Releasees”), as follows:

RELEASE OF LIABILITY, WAIVER OF CLAIMS, AND INDEMNITY

I expressly agree as follows:

1. I am in good health and am physically and mentally capable of participating in SHMHA Activities in which I intend to participate;
2. To observe and comply with all rules and warnings, both general and activity-specific, including any Public Health Guidelines, SHMHA or League Guidelines, Policies, and Bylaws, or rules which may be made visually, orally, or demonstrated by the Releasees which includes any future amendments to the above and includes my full compliance with the terms of any mandated COVID-19 Vaccine policy and all applicable health and safety precautions while participating in all SHMHA activity;
3. I have assessed the risks and dangers associated with the SHMHA Activities, having regard to the specific abilities and circumstances of myself and any and all Minors that my name binds, and I voluntarily consent to each applicable Minor participating in the SHMHA Activities, despite such risks and dangers; and I accept all responsibility and liability for any injuries and agree to defend, indemnify and hold harmless the Releasees from any and all claims or suits;
4. In the event of my death or incapacity, this Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns, and representatives; and 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 RELEASEES.

Participant’s Name: _____

Participant’s Date of Birth (dd/mm/yyyy): _____

Parent/Guardian’s Name (if Participant under Age 18) _____

Participant’s (or Parent/Guardian’s) Telephone Number: _____

Participant’s (or Parent/Guardian’s) Email Address: _____

Signature of Participant (or Parent/Guardian if Participant Under Age 18)