

HOCKEY NSW STATE CHAMPIONSHIPS
MOUTHGUARD WAIVER

DUE: Before 12pm of day prior to the Championship

PLAYER AGREEMENTExclusion of Liability for Damage to Team Member's Person or Property and Indemnity as a result of non wearing of mouthguard – Hockey NSW State Championships

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 are why Hockey NSW has a policy advocating the compulsory wearing of mouthguards. I accept and acknowledge my association supports the policy of Hockey NSW.

I hereby agree that Hockey NSW, 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 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 Hockey NSW, 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 Hockey NSW, its employees, umpires, technical officials and other volunteers or incurred or become payable by Hockey NSW, 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 mouthguard.

Player Name: _____ Association: _____

Championship: _____ Dates: _____

Dated this _____ day of _____ 20_____

(Player Signature)_____
(Parent/Guardian Signature if under 18)_____
(Team Manager Signature)_____
(Association Executive Signature)_____
(Witness Printed Name)_____
(Witness Signature)_____
Address) _____ (Witness**Copy of medical certificate must be attached**