



Adult Player Registration & Waiver Form

Player's Name: _____ Date of Birth: ____/____/____

Address: _____ City: _____ Postal: _____

Email: _____ Home Phone: _____ Business/Cell: _____

New Registrant Position: Forward ____ Defense ____ Goalie ____

Returning Player Would you like to play on the same team as the previous year YES ____ NO ____ Indifferent ____

In the spirit of fair play the League reserves the right to move a player to the team they choose.

WARNING: Please read this waiver carefully, by signing this agreement, you are affecting your legal rights and liabilities. Do not sign this agreement unless you have carefully read this entire Agreement, understand it, and agree with all of its contents.

RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF ALL RISKS & INDEMNITY AGREEMENT

I agree that I am over the age of 18 years, and that I, the undersigned, agree that in consideration of myself being permitted to enter and use any one of the described lands, buildings, and premises used for ice hockey, and for ANY activities including, but not just limited to, ice hockey, on behalf of myself, my heirs, successors and assigns I DO HEREBY REMISE, RELEASE, INDEMNIFY, SAVE HARMLESS, DISCHARGE, AND FOREVER HOLD HARMLESS The Sunday Night Hockey League, The Township of Clearview, The Creemore Recreation Arena, their directors, employees, volunteers, coaches, instructors, agents, and independent contractors and their heirs, successors, and assigns from any claims whatsoever arising by reasons of disease, deterioration of health, illness or injury to any person, including death, or for damage to, or loss of any property resulting from or arising from use of the lands and premises, from being present on the lands and premises, from participation in any program, from the use of any facilities or equipment located on the lands and premises, from the acceptance of the advice of the advice of, or from the gross or will full negligence of the Township of Clearview, Creemore Arena, Sunday Night Hockey League and their directors, employees, volunteers, coaches, instructors, agents, independent contractors or any other persons using the lands and premises. The activities that I will be participating in will be inherently dangerous, and I will be exposed to risk of serious injury, disability, death, and risk of damage to or loss of property. I acknowledge that there may not be prompt access to medical assistance or treatment when participating in any activities, and I assume and accept any risk relating to the access to medical assistance and/or treatment. By signing this document I acknowledge that I have read, understood, and accepted the conditions of this waiver form and are waiving certain legal rights, including the right to sue.

PRIVACY CONSENT I, _____, do hereby consent to the collection and use of my personal information (including first and last name, address, phone number, email addresses, date of birth, hometown, height, weight), personal images, athletic results and awards, prizes received, and verbal quotes, by posting on the website, or affiliated websites of The Sunday Night Hockey League. I understand and agree that this information will not be sold to anyone without my prior written consent. I understand that my personal information can be viewed by anyone who accesses the league's websites or publications, and that my consent can be withdrawn at any time, upon adequate prior written notice. I give this consent voluntarily and with the undersigning that any of this information may be used in newspaper or magazine stories, posted on websites, and to verify my identity and registration with The Sunday Night League.

Dated: ____/____/____

M D Y

Player's Signature

Your signature on this form will serve as your official signing of this release