



# Player Registration & Waiver Form

Player's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business/Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Player Position: C \_\_\_\_ RW \_\_\_\_ LW \_\_\_\_ D \_\_\_\_ G \_\_\_\_

**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 AND INDEMNITY AGREEMENT**

I AGREE that I am over the age of 18 years (if under 18, parent or guardian agrees to the following on behalf of the player), 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 ball hockey, and for ANY activities including, but not just limited to, ball hockey, on behalf of myself, my heirs, successors and assignors, DO HEREBY REMISE, RELEASE, INDEMNIFY, SAVE HARMLESS, DISCHARGE, AND FOREVER HOLD HARMLESS Border City Ball Hockey, WFCU Centre, and the City of Windsor, their directors, employees, volunteers, coaches, instructors, agents, and independent contractors and their heirs, successors, and assignors from any claims whatsoever arising by reason of any disease, deterioration of health, illness or injury to any person, including death, or for damage to, or loss of any of my 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 acceptance of the advice of, or from the gross or will full negligence of the Border City Ball Hockey, City of Windsor, WFCU Centre 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 as well as the rules attached as pertains to the league 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 and hometown), personal images, athletic results and awards, prizes received, and verbal quotes, by posting on the website, or affiliated websites, of Border City Ball Hockey, Hearthwood Series Cup, Pursue Sports or the City of Windsor and/or by publishing in the newsletters of the following. 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 above mentioned 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 understanding that any of this information may be used in newspaper or magazine stories, posted on websites, and to verify my identity and registration in this event.

Dated: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year \_\_\_\_\_  
*Player's Signature*

Dated: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year \_\_\_\_\_  
*Parent/Guardian Signature*

Dated: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year \_\_\_\_\_  
*Representative Signature*

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

OFFICE USE ONLY

Date form received: \_\_\_\_\_ Received by: \_\_\_\_\_ CASH: \_\_\_\_\_

Date of system entry: \_\_\_\_\_ Entered by: \_\_\_\_\_ Roster \_\_\_ Add \_\_\_ Delete \_\_\_ PPA #: \_\_\_\_\_

RCPT#: \_\_\_\_\_