



Secretary: P O Box 15 318, New Lynn, Auckland

Waiver of Liability – Application to Play in Higher League

I, the parent and /or legal guardian of _____ (*Player name*)
born on _____ (*date of birth*) have applied for permission for my son /
daughter to play ice hockey in a higher league. I specifically confirm that:

1. I am aware that ice hockey is a contact sport and that like any contact sport, serious injury or death may occur during a game or practice despite the use of protective equipment.
2. I am aware that playing in a higher league or age group may result in additional risks of injury, over and above those that may be present if my child were to play in his or her usual age group or league category.
3. My child and I are aware of these risks and assume full responsibility for any injury or harm that may result from participation at a level higher than his or her ordinary league category.

I agree that my child will participate in the _____ (name of proposed higher league/competition) at his /her own risk and I release the directors, employees, officers, officials, contractors, volunteers, players and members of the Auckland Ice Hockey Association from any direct or indirect liability that may result from any injury, loss or damage, however occurring, arising from his or her participation.

I will meet any expenses that may be incurred by the AIHA as a result of my child's participation as outlined above and any injury or harm that may result.

I have read and understand the above and sign it freely and voluntarily with the intention that it operate as a waiver and indemnity to the greatest extent permitted by law.

*Full name of
Parent/Guardian:*.....

Signature:.....

Date of signing:.....

Full name of child:.....

Signature:.....

Date of signing:.....



Waiver of Liability
– Application to Play in Higher League (contin)

Full name of player:.....

AIHA Head Coach:.....

Signature:.....

Date of signing:.....

League Director:.....

Signature:.....

Date of signing:.....