

WHITE ROCK SENIOR HOCKEY LEAGUE

REGISTRATION FORM

PERSONAL INFORMATION

Name: _____

Address: _____

City: _____

Province: _____ Postal Code: _____

Home Phone: _____

Home Email: _____

Birth Date: _____ / _____ / _____
DAY MONTH YEAR

THE PROGRAM

The White Rock Senior Hockey League (WRSHL) is owned and operated by City Gate Contracting Ltd. The Program is for men's recreational ice hockey with games played in White Rock, Surrey and Langley, BC. The Program operates under its own entity and is not part of any Leisure Service Division. By signing this registration form the undersigned has hereby joined the program to participate in the WRSHL and acknowledges all risks associated with playing the game of ice hockey.

READ BEFORE SIGNING

ASSUMPTION OF RISK RELEASE AND WAIVER OF LIABILITY INDEMNITY AGREEMENT

IN CONSIDERATION of allowing me to participate in the program related events and activities of the White Rock Senior Hockey League which is owned and operated by City Gate Contracting Ltd

I WARRANT TO YOU THAT:

1. I am familiar with the risk of serious injury and death which any participant in this program must assume;
2. I believe that I am physically, emotionally and mentally able to participate in this program, and that my equipment is mechanically fit for my use in this program;
3. I understand that all applicable rules for participation must be followed and that all times the sole responsibility for personal safety remains with me;
4. I will immediately remove myself from participation, and notify the nearest official, if at any time I sense or observe any unusual hazard or unsafe condition or if I feel that I am experiencing deterioration in my physical, emotional or mental fitness for continued participation in the program.

I UNDERSTAND AND AGREE, on behalf of myself, my heirs, assigns, personal representatives and next of kin that my participation in this program and execution of this document constitutes:

1. an unqualified ASSUMPTION OF ALL RISKS associated with participation in this program by me even if arising from negligence, or gross negligence, including any compounding or aggravation of injuries caused by negligent rescue operations of procedures, of the program organizer and any persons associated therewith or participating therein, and
2. a FULL AND FINAL RELEASE AND WAIVER OF LIABILITY of the program organizer and all persons and organizations associated with it and the program including, without limiting the generality of the foregoing, its officers, directors, officials, agents and/or employees, other participants, sponsors, advertisers, owners and/or lessors of the premises, used to conduct the program, sanctioning bodies, medical or rescue personnel (the RELEASES), of and from with respect to all injury, disability, death or loss or damage to person or property whether arising from negligence, or negligent rescue of or by the foregoing or otherwise, and
3. an UNDERSTANDING NOT TO SUE the RELEASES for any loss, injury costs or damages of any form or type, howsoever caused or arising, and whether directly or indirectly from the participation of myself in the program, and
4. an AGREEMENT TO INDEMNIFY, and to SAVE and HOLD HARMLESS the RELEASES, and each of them, from any litigation expense, legal fees, liability, damage, award or cost, of any form or type whatsoever, they may incur due to any claim made against them or any one of them whether the claim is based on the negligence or the gross negligence of the RELEASES or otherwise.

I HAVE READ THIS DOCUMENT THOROUGHLY. I UNDERSTAND THAT THE RELEASES ARE RELYING UPON MY WARRANTIES, ASSUMPTIONS, WAIVER AND RELEASE, UNDERTAKINGS AND AGREEMENTS WHEN ACCEPTING MY PARTICIPATION IN THIS PROGRAM. I UNDERSTAND THAT BY SIGNING THIS DOCUMENT I GIVE UP SUBSTANTIAL RIGHTS I WOULD OTHERWISE HAVE. I SIGN THIS DOCUMENT VOLUNTARILY AND WITHOUT INDUCEMENT.

Signature on top of line: _____ **Dated:** _____

Print name under line: _____