



2024 2025 WAIVER FORM: NON-RESIDENT OF CANADA

RELEASE, INDEMNIFICATION AND PARTICIPATION AGREEMENT

I, _____ as a non-resident of Canada participating with the _____ team/league, understand that I am not included in the Hockey Insurance as provided to the team/league through membership at CARHA Hockey. I confirm I have valid travel medical insurance in place which is effective for the duration of play with aforementioned team/league. _____ **initial**

The team/league representatives have informed me of the importance of having additional liability insurance in the event of an on-ice incident in which I may be named as being negligent. _____ **initial**

I agree to indemnify, defend and save harmless the Canadian Adult Recreational Hockey Association (CARHA Hockey) and their respective officers, directors, employees, invitees, consultants, contractors, agents, volunteers, successors and assigns from and against any and all losses, claims, actions, damages, liability, costs or expenses of whatsoever kind of nature (including but not limited to the generality of the forgoing, legal fees on an indemnity basis, in respect of death, injury, loss or damage to any person or property, or any other loss or damage). _____ **initial**

I hereby release, remise, and forever discharge the Canadian Adult Recreational Hockey Association (CARHA Hockey) and their respective officers, directors, elected officials, employees, invitees, consultants, contractors, agents, and volunteers. _____ **initial**

I CERTIFY THAT I HAVE READ THIS WAIVER, FULLY UNDERSTAND THAT I HAVE WAIVED MY LEGAL RIGHTS, AND HAVE SIGNED THIS WAIVER FREELY ON MY OWN FREE WILL AND ACCORD. _____ **initial**

I hereby acknowledge that I understand the risk of being injured while playing the game of ice hockey.

Team Name _____

Team/League Representative _____

This Waiver shall be governed and construed in accordance with the laws of the province of Ontario and the federal laws of Canada applicable therein, and the parties hereto expressly and irrevocably submit to the exclusive jurisdiction of the courts of the Province of Ontario.

PLAYER INFORMATION (please print clearly)

Player Name _____ Player Signature _____

Date _____ Age _____ Date of Birth _____

Phone (_____) _____ - _____ (h) (_____) _____ - (w) (_____) _____ - _____ (fax) Email _____

Team Representative Signature _____

CARHA HOCKEY REGISTERED PLAYERS ACKNOWLEDGE THAT THERE IS A RISK OF BEING INJURED WHEN PLAYING THE GAME OF HOCKEY.

The collection of personal information by Canadian Adult Recreational Hockey Association (CARHA Hockey) is limited to that which is necessary for communications with you, membership registration organizing hockey tournaments as the official national body for recreational hockey in Canada, determining if our products and services, or those of our partners, meet your needs, offering and providing our products and services, or those of our partners, that may be of interest to you, collecting monies owing to CARHA Hockey or permitting CARHA Hockey to pursue available remedies or limit any damages it may sustain, complying with all applicable laws or for other purposes that are disclosed to you before or at the time the personal information is collected. Unless required by law, we will obtain your consent before using or disclosing your personal information for a purpose not previously identified.



Suite 610, 1420 Blair Place, Ottawa, ON K1J 9L8

Tel: (613) 244-1989 / (800) 267-1854 • Fax: (613) 244-0451 / (866) 345-1975

info@carhahockey.ca

carhahockey.ca