



**NCHL (Non Contact Hockey League)**  
Liability Waiver

**Personal Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Team Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

**Liability Waiver**

**I UNDERSTAND AND AGREE THAT THE SPORT OF ICE HOCKEY HAS INHERENT RISKS OF PHYSICAL INJURY, INCLUDING SERIOUS BODILY INJURY, PERMANENT DISABILITY, PARALYSIS AND DEATH, AND I ACCEPT AND ASSUME ALL SUCH RISKS.**

These risks and dangers may be caused by my own actions or inaction's, the actions or inaction's of others participating in the event, the conditions or layout of the event, or my or other's equipment. There may be other risks not known to me or that are not readily foreseeable at this time. The social and economic losses and/or damages that could result from those risks could be severe and could permanently change my future.

I HEREBY RELEASE, DISCHARGE AND COVENANT NOT TO SUE the NCHL hereinafter referred to as 'the League', any of the League's officials, management, owners, the proprietor or employees of any ice facility used by the League FROM ALL LIABILITY TO ME, my personal representative, assigns, heirs, next of kin, FOR ANY CLAIMS, DEMANDS LOSSES OR DAMAGE ON ACCOUNT OF ANY INJURY sustained by me while participating in any League activity, including, but not limited to, death or damage to property, CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF ME OR OTHERWISE.

I hereby certify that I have adequate medical insurance to pay for the treatment and cure of any such injury, which may result from my participation in League activities, and I agree to be solely responsible for all medical, and other, costs arising from any injuries I may receive while participating in League activities. I further certify that I have no known medical condition, which would prohibit me from participating in the sport of ice hockey. I acknowledge that the League strongly recommends each player to receive a physical examination by a competent physician prior to participating in any League activity.

I further agree that prior to participating in any League sanctioned event, I will inspect the rink facilities and equipment to be used, and if I believe that anything is unsafe I will immediately advise my coach, team captain, and the game supervisor of such conditions, and I will refuse to participate until the unsafe condition(s) has been removed. I further understand that the League does not warrant any equipment used in any League activity or any facility at which League activities are held.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_