

BALL HOCKEY UK SOUTH EAST CONFERENCE - PLEASE SEE REVERSE (2024/25 SEASON)

Official Player Injury Waiver Consent Form for Minors (Anyone aged SEVENTEEN OR UNDER IN ADDITION to be BHUKSEC Waiver Form) **AGREEMENT AND WAIVER OF LIABILITY – PARENT/LEGAL GUARDIAN TO PLEASE SIGN (HANDWRITING, NOT DIGITAL) IN BLACK/BLUE INK AND SEND DIGITAL, SIGNED VERSION TO CONFERENCE REGISTRAR VIAS TEAM MANAGER (OR Bring on the day of first game day). FAILURE TO DO SO AND YOU WILL NOT BE PERMITTED TO PLAY.**

All registered players UNDER the age of 18 (Eighteen) in the South East Ball Hockey League (SEBHL) are to read and sign waiver PRIOR to playing in the first game. Waiver is as follows:

I _____ hereby acknowledge that I am the parent/legal guardian of _____ who is a minor under the age of eighteen ("Minor Child"). In consideration for the benefit to be derived from My Minor Child's participation in BHUK South East Conference League, I, on behalf of myself and my Minor Child, hereby acknowledge the following:

I am aware that all Ball Hockey games involve risk and that some games may be hard with contact;

I UNDERSTAND THAT THE DAMAGES AND RISKS OF PLAYING BALL HOCKEY, INCLUDE, BUT ARE NOT LIMITED TO SERIOUS NECK AND SPINAL INJURIES, WHICH MAY RESULT IN COMPLETE OR PARTIAL PARALYSIS, BRAIN DAMAGE, SERIOUS INJURY TO VIRTUALLY ALL INTERNAL ORGANS, BONES, JOINTS, LIGAMENTS, MUSCLES, TENDONS, AND OTHER ASPECTS IF THE MUSCULAR SKELETAL SYSTEM AND SERIOUS INJURY OR IMPAIRMENT TO OTHER ASPECTS OF MY MINOR CHILD'S BODY, GENERAL HEALTH AND WELL-BEING.

On behalf of myself and my Child, I further understand and acknowledge the dangers playing ball hockey in an Open Competition, may result not only in injury, but serious impairment of my Child's future abilities to earn a living, to engage in other business, social and recreation activities and generally to enjoy life. I acknowledge that my Child is in good physical condition and do not know of any condition or reason that my Minor Child should not participate in Open Age ball hockey competition.

On behalf of myself and my Child, I HEREBY RECOGNISE AND ASSUME THE RISKS ASSOCIATED WITH MY MINOR CHILD PLAYING OPEN AGE BALL HOCKEY AND RELEASE THE BHUK SOUTH EAST CONFERENCE AND THEIR OFFICERS, COACHES, REFEREES, EMPLOYEES, AGENTS, VOLUNTEERS, SPONSORS PARTICIPATION ATHLETES, OTHER PARENTS, REPRESENTATIVES AND SUCCESSORS, OWNERS AND MANAGEMENT OF THE FACILITY WHERE THE GAMES ARE PLAYED AND THEIR EMPLOYEES (ALL THE FOREGOING ARE COLLECTIVELY REFERRED TO HEREIN AS THE BHUK SOUTH EAST CONFERENCE PARTIES) FROM ANY OBLIGATIONS, LIABILITIES, CLAIMS DEMANDS, COST AND EXPENSES, INCLUDING LEGAL FEES, WHICH MAY ARISE OR BE IN CONNECTION WITH MY CHILD'S PARTICIPATION IN ANY OPEN BALL HOCKEY GAMES HELD BY THE BHUK SOUTH EAST CONFERENCE.

NOTE:

1. Any incidents between players which are 'off the ball', may lead to liability under civil and/or criminal action for the individual(s) concerned and are outside the responsibility BHUK South East Conference.
2. BHUK South East Conference also do not prohibit or bind any individual(s) from taking action against another individual(s) who may breach their civil / criminal liability in an 'off the ball' incident.

The terms hereof serve as a release and assumption of risk for myself and on behalf of my Child. In signing this agreement, I acknowledge and represent that I have read and understand it; that I sign it voluntarily and for full and adequate consideration, fully intending to be bound by the same.

I HAVE READ THIS AGREEMENT, UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING IT AND AGREE INDIVIDUALLY AND ON BEHALF OF MY MINOR CHILD TO BE BOUND BY IT.

Parent/Legal Guardian Signature _____

Print Name _____

DATE ____ / ____ / ____

Participant Signature _____

Print Name _____

DATE ____ / ____ / ____

OFFICIAL PLAYER INJURY WAIVER CONSENT FORM FOR MINORS

For ALL BHUK South East Conference participants less than eighteen years of age: This form must be signed by your parent and/or legal guardian. The BHUK South East Conference League Waiver form must be completed annually for each season and will cover the whole season.

Please write legibly and provide the appropriate response in all blank spaces!

TEAM	
PARTICIPANT NAME	
DATE OF BIRTH (DD/MM/YYYY)	
FULL ADDRESS & POSTCODE	
EMERGENCY CONTACT NAME	
EMERGENCY CONTACT NUMBER	
EMERGENCY CONTACT E-MAIL	
Health: Please provide any important medical information/conditions we should be aware of that could impact your child's participation in sessions	

Pictures: I consent to pictures/video being taken of my child during SE Conference league / Events & for these to be shared on the SE Conference run social media & website

Please sign here with same signature as emergency contact name as above

Parent/Legal Guardian Signature _____