GEORGETOWN MEN'S HOCKEY LEAGUE 2026/27

Participant Waiver and Release of Liability. PLEASE READ CAREFULLY BEFORE SIGNING. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS.

In consideration of being permitted to participate in the Georgetown Men's Hockey League ("League"), including all league games, practices, warm-ups, scrimmages, tournaments and related activities, I acknowledge and agree as follows:

I understand that hockey is an inherently dangerous sport involving risks including, but not limited to, collisions with players, boards, glass, sticks, pucks, nets, falls, and other hazards that may result in serious injury, concussion, permanent disability, death, or property damage. I voluntarily accept and assume all risks associated with my participation.

To the fullest extent permitted by the laws of the Province of Ontario, I hereby release, waive, discharge and forever hold harmless the Georgetown Men's Hockey League, all League directors, organizers, volunteers, team representatives, referees, linespersons, on-ice officials, scorekeepers, timekeepers, employees, agents, and the owners or operators of any arena or facility used by the League (collectively, the **"Released Parties"**) from any and all liability, claims, demands, actions, damages, losses, costs or expenses arising out of or relating to any injury, illness, disability, death or property damage that I may sustain while participating in League activities, including those arising from the negligence of the Released Parties, except where liability cannot legally be excluded under Ontario law.

I further agree to indemnify and hold harmless the Released Parties from any claims, legal proceedings, damages, costs, or expenses arising from my actions or conduct while participating in League activities.

I certify that I am physically fit to participate, will wear appropriate protective equipment, and agree to comply with all League rules, arena policies, and the directions of League directors and on-ice officials.

I understand that the League does not provide accident or medical insurance and that I am solely responsible for any medical or related expenses resulting from my participation.

By signing below, I acknowledge that I have carefully read and understand this Waiver and Release of Liability, that I am voluntarily giving up certain legal rights, including the right to bring legal action against the Released Parties to the extent permitted by law, and that I sign this agreement freely and voluntarily.

Participant Information

Full Name: _____

Address: _____

Email Address: _____

Phone Number: _____

Participant Signature: _____

Date: _____