



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.

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.

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

Team Name _____

Team/League Representative _____

PLAYER INFORMATION (PLEASE PRINT CLEARLY)

Player Name _____ Player Signature _____

Date _____

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

Email _____

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.



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