



## HKHAWS - Registration of Women's junior open sessions 2021

### **Declaration (To be completed by parents/guardians of participants under the age of 18 and not a HKHA registered player):**

I consent to my child, \_\_\_\_\_ (Name of participant) to attend the Women's junior hockey open training and competitions as per the submitted schedule from The Hong Kong Hockey Association (Women's Section).

#### **Individual Consent for Participating in Hockey under Covid-19 Restrictions**

All hockey participants have an important role to play in keeping themselves and others safe during this crisis. Participants who take part in hockey activities must follow the Hong Kong Hockey Association ("HKHA") and Government guidelines and restrictions to minimize the risk of Covid-19 spreading in the community. This will mean a number of changes to the way in which hockey is organized and provided.

By ticking this box I (and/or for and on behalf of my minor child named in the form) ("Participant") do hereby declare that the Participant has read and understood the Participant's responsibilities in and agree to comply with the latest [Guidelines and Special Arrangements on Prevention of Covid-19](#) published by HKHA and available on the website of the HKHA.

The Participant is aged 18 or over or has had his or her parent or legal guardian execute this Consent on behalf of the Participant. In consideration for the opportunity to participate in the sport of hockey, the receipt and sufficiency of which is hereby acknowledged, the Participant, on behalf of his or herself, and his or her successors, heirs, assigns and anyone else who may make any claim for or on behalf of the Participant, hereby irrevocably and unconditionally agrees as follows:

The Participant acknowledges that participation in the sport of hockey (including without limitation as conducted in accordance with its laws and regulations) involves risk of transmission of COVID-19, including contact or interaction with others who may have been exposed to COVID-19; close proximity to or contact with surfaces, equipment, fixtures, or other objects that, despite the efforts of the HKHA, LCSD and each of their representatives. The Participant voluntarily assumes all risks related to exposure to COVID-19 and agrees to take all of the additional precautions set out in the HKHA's latest Guidelines and Special Arrangements on Prevention of Covid-19 whilst participating in hockey activities organized under the auspices of the HKHA.

The Participant is physically fit and capable of participating in the sport of hockey and has not been otherwise advised by a qualified medical practitioner.

The Participant is participating in the sport of hockey at his/her own risk and responsibility. The Participant hereby fully releases, discharges and forever holds harmless each of the HKHA, LCSD and each of their representatives, of and from any and all liability, causes of action, lawsuits, losses, damages, illnesses, injuries (including personal and bodily injuries, death and injury to property) howsoever caused (whether by negligence or otherwise), claims, demands, sums, costs, expenses (including legal fees and disbursements), and any other liability of any kind, of or to the Participant or any other person, directly or indirectly arising out of or in connection with his/her direct or indirect participation in the sport of hockey.

#### **Parental/Guardian Consent**

The signed Parent's or legally appointed guardian deems to consent to the player's participation in hockey and understand and agree that neither the HKHA, nor their officials shall be held responsible for any incident, accident or injury sustained by the player as a result of their participation in hockey as a player, spectator, or official. They also agree to grant the rights to the usage of the image of the player for hockey promotion by the HKHA. This consent will be valid until the player reach 18 years old.

Signature of parent/ legally appointed guardian \_\_\_\_\_

Name of Parent/ legally appointed guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact No.: \_\_\_\_\_ Date: \_\_\_\_\_