



**South County Predators Girls Hockey Association (SCPGHA)
Volunteer Release and Waiver of Liability Form**

The Volunteer desires to provide volunteer services for SCPGHA and engage in activities related to serving as a volunteer. Such volunteer activities may include things as: on ice help/instruction, event planning or other duties as needed.

The volunteer understands that the scope of his/her volunteer relationship with SCPGHA is limited to a volunteer position and that no compensation is expected in return for services provided by the Volunteer; that SCPGHA will not provide any benefits traditionally associated with employment to the Volunteer; and that the Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of the Volunteer's services to SCPGHA.

Waiver and Release:

I, the Volunteer, release and forever discharge and hold harmless SCPGHA, its respective directors, officers, servants, agents or employees, successors and assigns from any and all liability, claims, demands, damages, actions or causes of action of whatever kind, either in law or equity, which arise out of or in consequence of any loss, injury or damage to my person or property incurred while I am providing services to SCPGHA or participating in a SCPGHA event or activity, notwithstanding any such loss, injury or damage may have arisen by reason of the negligence of SCPGHA, its servants, agents or employees. I further state that there is no medical condition that would prevent me from participating in this volunteer opportunity.

1. Insurance:

Further I understand that SCPGHA does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of SCPGHA beyond what may be offered freely by SCPGHA in the event of injury or medical expenses incurred by me.

2. Medical Treatment:

I hereby Release and forever discharge SCPGHA from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with SCPGHA.

3. Training/Equipment/Police Clearance:

If on ice help/instruction is required I acknowledge that if over 18yrs of age a Vulnerable Sector Police Clearance is required prior to a scheduled instruction. In addition if 16 yrs of age or older, Respect in Sport & Speak Out Training is required and will be completed prior to scheduled on ice instruction. Equipment: If 14 years of age or older, a CSA certified helmet is the minimum use of equipment required. If under 14 years of age, certified & complete ice hockey equipment is required to be worn. SCPGHA is not liable for any lost or stolen equipment.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

Volunteer Name

Date

Volunteer Signature (Or parent/guardian if under 18)

Date