

WESTERN PROVINCE ICE HOCKEY ASSOCIATION
SECRETARY: Tracy Cerff



INDEMNITY DECLARATION : 2021

I, (PLAYER'S FULL NAMES)

S.A. Identity Number/other stated identification

Do hereby accept and understand the conditions of membership of the Western Province Ice Hockey Association (WPIHA).

PARENT/LEGAL GUARDIAN (full names) (if player under 18 years of age)

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S.A. Identity Number/other stated identification

I hereby acknowledge that:

1. I have read and fully understand the contents of this Declaration, as confirmed by my signature.
2. I/my child and myself* enter the premises of the Ice Station ("the Rink") at my/his/her own risk and volition, with my permission.
3. Neither I, nor any other person, shall enjoy any claim against the Rink or WPIHA, their Committee Members, servants, employees, or agents (respondents) arising out of any bodily injury sustained by me/my child*, or my death/my child's death*, whether the same be due to any act of omission, negligence or default, whether willful or otherwise, from any cause of whatever nature, of the WPIHA and/or the Rink and/or respondents.
4. Neither I, nor any other person, will have any claim against WPIHA and/or the Rink, and/or the respondents arising from any loss, damage or destruction of my/my child's* goods or property, or goods or property in my/my child's* possession, whether willful or otherwise, from any cause of whatever nature, of the WPIHA and/or the Rink and/or respondents.
5. I agree to ensure that I/my child* will possess, and use at all times whilst on the ice, the following approved Ice Hockey equipment: Helmet and Face Guard, Gloves, Gum-guard, Ice Hockey Stick, Chest and Shoulder Padding, Shin and Knee Guards, Hockey Boots, Elbow Guards, Girdle (padded pants), Neck Guard in accordance with current IIHF rules and regulations. I understand that periodic equipment checks will be carried out and that the Officers of WPIHA and/or the Rink and/or respondents shall be at liberty to prohibit the Player from participating in Ice Hockey if he/she is found to be lacking any item of equipment mentioned above.
6. There is no accident insurance.
7. SAIHF affiliation fees are prescribed by SAIHF and are compulsory for every member of WPIHA.
8. SAIHF fees are included in the membership fees for WPIHA, which must be fully paid up as stated on the Membership Registration form. Players in arrears with their fees will not be allowed on the ice.
9. I confirm that I/my child* will undergo National Sports Council, SAID and IIHF doping tests if and when requested by these bodies or WPIHA or SAIHF.
10. I will provide WPIHA with a copy of my stated official identification.

* Delete that which does not apply.

Declaration:

I, hereby apply for membership to the Western Province Ice Hockey Association (WPIHA). I agree to abide by the WPIHA Constitution, Rules and Regulations, as well as the Ice Station's Constitution, Rules and Regulations, and those of the International Ice Hockey Federation (IIHF) and SAIHA. I agree at all times to be appropriately dressed for games and matches, to honour all sponsorship contracts of the WPIHA, SAIHF and IIHF. I also agree to pay any outstanding debts by me to WPIHA on registration. I understand that failure to fulfill financial commitments will result in membership being revoked.

Signed (Player) at, on day of 2021

Player's name (please print)

Signed at, on day of 2021

Parent/Legal Guardian if Player under 18 years of age

Signatory's Name (please print)

Witness (Committee Member)

FOR OFFICIAL USE ONLY:

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PRESIDENT: JASON CERFF

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TREASURER : NASIR KHAN