

# BORDER HOCKEY ASSOCIATION



Email: borderhockey@gmail.com  
P.O.Box 1230  
East London  
5200



## CONSENT AND INDEMNITY

ACTIVITY: Border Hockey Association League and activities

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I, ..... ID No.....  
(full name of Parent /Guardian)  
the parent/ guardian of:

.....  
(full name of child/children / ward/s)

### A. LIABILITY

By participating in the activities of Border Hockey and/or the use of the property, facilities and services of Border Hockey, I agree to the following in relation to myself and my child, as detailed in this form:

1. That my child has no pre-existing medical conditions that prohibit them participating in the sport of hockey.
2. That I and my child are aware that hockey is a physically intense sport which can result in unintentional injuries during participation in these sporting activities, and assume full responsibility for personal injury to myself or my child. I agree to indemnify Border Hockey, it's members, and other participants, against all claims, causes of action, damages, judgements, cost or expenses, including attorney fees and other litigation costs, should my child suffer an injury during the participation of the activities of the Border Hockey.
3. That I and my child agree to observe and obey all posted rules and warning, and further agree to follow any oral instructions given by the Border Hockey, or its representatives.
4. That I agree to indemnify the Border Hockey, it's members, and other participants, against all claims, causes of action, damages, judgements, cost or expenses, including attorney fees and other litigation costs, which may in any way arise from my or my child's use of or presence upon the facilities of the Border Hockey.
5. I agree to pay for all damages to the facilities of Border Hockey caused by my or my child's negligent, reckless, or wilful actions.
6. Any legal claim that may arise from the above shall be resolved in the Magisterial Court District of East London.

### B. CONSENT

I hereby give consent for my child to take part in the abovementioned activities.

Dated at .....this .....day of ..... 20\_\_\_\_\_.

.....  
Signature Parent / Guardian