



WNHL Waiver and Head Injury Policy 2024-2025

Assumption of Risk

I _____ am aware that playing or practicing to play/participate in Ice Hockey can be a dangerous activity involving many risks of injury. I hereby release Kelly Jones or any other organizer of the WNHL of any and all liability for my own personal injury, property damage or illness obtainment during participation. I have reviewed the rules of the WNHL and understand it is a no body contact ice hockey league. I understand Kelly Jones is not affiliated with the Town of Pelham, City of St.Catharines, City of Niagara Falls, or the City of Port Colborne and is not responsible for condition of the their facilities, ice surface, or staff conduct.

X _____

Head Injury Monitoring and Sign-Off

I _____ recognize that head injuries that happen to me or a fellow player are serious. If I myself or fellow player are struck in the head and lose consciousness for a brief or a extend period show symptoms' such as Headache, Ringing in the ears, Nausea, Vomiting, Fatigue or drowsiness, Blurry vision, Slurred speech, Delayed response to questions, Dazed appearance, or Forgetfulness, such as repeatedly asking the same question. These signs and symptoms for yourself or a fellow player to stop playing and seek immediate medical attention. I understand that unless I am made of hard alloy a head injury is not getting your "bell rung". They are serious injuries and need to be treated quickly and by proper medical attention.

Helmets must be worn at all times when participating in Hockey in the WNHL*

X _____

Date: _____