West Kelowna Senior Warriors Hockey Club
2026/2027 Membership Application and Release

Last Name:				**First Name:**			
Street:						**Apt. / Unit #:**	
City:				**Province:**		**Postal Code:**	
Birth Date:	mm: _____ dd: _____ yyyy: _____			**Email:**			
Member Category:	Hockey: _____ Social: _____			**Main/Cell Phone:**			
55 Plus Ice Times Arena - RLP	Monday 8 AM – 9:15 AM	Wednesday 8 AM – 9:15 AM	Friday 8 AM – 9:15 AM	**Emergency Phone:**			
70 Plus Ice Times Arena - RLP	Monday 11:15 AM – 12:30 PM	Wednesday 11:15 AM– 12:30 PM	Friday 1:30 PM– 2:45 PM	**Emergency Contact:**	Name:		Relationship:

Hockey experience for new applicants only			**RLP** = Royal LePage **JL** = Jim Lind
Youth hockey programs	_____ yrs.	Position:	LW: _____ C: _____ RW: _____ Def.: _____ Goal: _____
Junior level or higher	_____ yrs.	Shoots:	Left: _____ Right: _____
Recreational hockey	_____ yrs.	Ice Cost:	Appropriate **BLUE** WKRC ice hockey ticket only. **NO CASH ACCEPTED**. Fees are payable at time and place of sign-in. A strip of 10 tickets is available at the WK Recreation and Culture office.

To: West Kelowna Senior Warriors Hockey Club, the City of West Kelowna, and their respective agents, officers, employees, volunteers, and representatives.

I wish to participate in the West Kelowna Senior Warriors Hockey Club (the **"Hockey Club"**) and acknowledge that in order to do so, I agree to be bound by this Release.

I acknowledge, I am aware, and I accept that ice hockey involves certain risks, dangers and hazards, including, but not limited to: body to body contact with other players; stick on body contact from other players; contact with the ice surface or the boards by falling down or being knocked down; body contact with a puck; and other identified events or incidents of every kind and nature.

I acknowledge that my participation with the Hockey Club in any and all activities sanctioned and operated by the Hockey Club includes both known and unanticipated events that may result in negative impacts including, but not limited to, the risks, dangers and hazards described above, which may cause physical or emotional injury, death or damage to my property or third parties.

I hereby waive any and all claims, demands, actions or judgements of any kind that I may now and in the future have against the Hockey Club, the City of West Kelowna, and their respective agents, officers, employees, volunteers, and representatives (the **"Released Parties"**) for any loss, damage, personal or bodily injury, or death sustained or suffered by me in connection with my participation with the Hockey Club, regardless of the cause, including but not limited to negligence, fault, or breach of statutory duty, including duties arising under the *Occupiers Liability Act*. In no event will the Released Parties be liable for any loss, damage, injury or death, or for any property loss or damage (including indirect or consequential damages) arising from or related to my participation with the Hockey Club.

In the event that I require medical attention, I consent to being transported to the nearest emergency center, including by ambulance if necessary and accept that I am responsible for any costs of such ambulance service.

I HAVE CAREFULLY READ THE ABOVE, AND I RECOGNIZE THAT BY AGREEING TO THEIS RELEASE, I AM WAIVING CERTAIN LEGAL RIGNTS. I AGREE THAT THIS RELEASE WILL BE BINDING UPON ME AS PARTICIPANT, MY HEIRS, EXECUTORS, AND ADMINISTRATORS.

_____ Date: _____

Applicant Signature (dd/mm/yyyy)

BOARD USE ONLY

Application Status:	Accepted		Declined		Signature	