

Northwell Health Ice Center Waiver

I, _____ (the "Participant"), or the Participant's parent / guardian if he or she is under the age of eighteen (18), hereby acknowledge(s) and record(s) my/his or her independent and voluntary decision to participate in any skating lessons and/or other activities (collectively, the "Program") conducted by or involving, and/or to use facilities and equipment provided by, Twin Rinks Acquisition Company LLC doing business as Northwell Health Ice Center (the "Company").

The undersigned understands that ice skating and participation in the Program may entail certain anticipated and unanticipated risks, dangers and hazards, including possible serious personal injury, paralysis and/or death. The undersigned agrees that the Participant should not participate in the Program unless the Participant is medically able.

The undersigned hereby acknowledges the voluntary and informed assumption of full responsibility and liability regarding any injuries that the Participant may incur coincident to his or her participation in the Program. The undersigned hereby confirms that I have informed the Company of any medical/health concerns the Participant may have, that the Participant is medically able to participate in the Program and that I accept full responsibility for the Participant's behavior and health throughout the Program.

Participant understands that photographs may be taken during the Program and consents to the use by the Company and/or its affiliates without further consideration of any such photographs in which Participant's likeness or image appears.

The undersigned, for myself and on behalf of heirs, assigns, personal representatives and next of kin, hereby expressly waives, releases, discharges, indemnifies and holds harmless the Company, Nassau County, the New York Islanders Hockey Club, L.P., the National Hockey League and its member clubs, and their respective owners, parents, subsidiaries, directors, officers, employees, contractors, agents, participants, sponsors, volunteers, successors, affiliates and/or assigns and any other person or entity doing business with or no behalf of the above-listed entities (collectively, the "Releases") from any and all liabilities, claims, demands, costs, expenses, damages, actions or causes of action that the Participant may incur or acquire during the course of the Participant's involvement with the Program, whether arising from the negligence of the Releases or otherwise, to the fullest extent permitted by law.

The undersigned also warrants that he or she is eighteen (18) years or older and mentally competent to grant this waiver.

Name of Participant: _____

Participant Signature (if 18 or older and competent):

Guardian / Parent Signature:

Date: _____



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