



WAIVER AND RELEASE OF ALL CLAIMS

As the participant, or the parent(s) or legal guardian(s) if applicable, I understand and recognize there are inherent risks associated through the participation of the activities provided at the Mount Prospect Ice Arena, the Mount Prospect Sports Development Center and Nicholas Field (referred to hereafter as Grayhawk 4, LLC). Further, in consideration for my participation or the participation of my child at Grayhawk 4, LLC, I agree to waive, release and relinquish any and all claims for liability and causes(s) of actions including but not limited to personal injury, illness, property damage and wrongful death. Further, I agree to the following:

I acknowledge and fully understand that I or my child will be participating in activities at Grayhawk 4, LLC that involve risk of serious injury which may result not only from my actions but may be caused by the actions of others.

I fully understand and agree that I or my child will not participate in any activities or attend any events at the Grayhawk 4, LLC facilities if I or my child are experiencing a sore throat, vomiting, diarrhea, a fever or any other communicable symptoms or have been exposed recently to someone who has these symptoms.

I fully understand and acknowledge that other participants who I or my child may be in contact with while at the Grayhawk 4, LLC facilities may be incubating diseases including COVID-19 and they may be capable of spreading the disease to others, including myself or my child.

I fully understand and agree that I or my child is responsible for all personal belongings and Grayhawk 4, LLC will not replace any lost or stolen items.

I do fully release and discharge, Grayhawk 4, LLC, including the owners, employees, agents and independent contractors from any and all claims from injuries, illness, damages or losses which I or my child may incur or which accrue because of Grayhawk 4, LLC.

I further agree to indemnify and hold harmless and defend Grayhawk 4, LLC from any and all claims resulting from injuries, illness, damages and losses sustained by myself or my child arising out of, connected with, or in any way associated with my activities, my child's activities or the activities of others.

I have read and fully understand the nature of the above Waiver and Release of All Claims.

Participant's Name (Please Print): _____ Participant's Age: _____

Participant's Signature: _____ Date: _____

Parent or Legal Guardian's Signature _____ Date: _____

(if participant is 17 years of age or under)