

2025 KINGSTON POLICE HOCKEY CLASSIC

11th Annual Kingston Police Hockey Classic-3/28/2025 – 3/30/2025. In consideration of The Town of Kingston, The Kingston Police Department, FOP Lodge #064, Lovell Ice Arena and their affiliates, The Tournament Organizers, allowing me (“I”, “my” or “myself”) to participate in any way in the above referenced event and related activities, including skating activities and/or activities relating to the game of ice hockey at Lovell Ice Arena, 120 Bill Delahunt Parkway, Rockland MA 02370 (collectively, the “Activities”) as a participant, competitor or member of any competitor’s training, medical or personal entourage, entertainer, service provider, staff member, competition official, volunteer and/or spectator (any of the foregoing, a “Participant”), I am agreeing to the terms of this Agreement, including the general waiver and release of liability described below.

I fully understand that there are risks relating to my participation in or observation of the Activities including the risk of serious bodily injuries such as permanent disability, paralysis or death and property damage, which injuries and damage could arise out of my own actions or inactions, those of others participating in or observing the Activities, my health conditions, the structure or maintenance of the ice rink, equipment used in connection with the Activities, or the negligence of the Released Parties named below. I also fully understand that all risks are not apparent, knowable or foreseeable. I hereby knowingly and voluntarily assume all risks relating to the Activities, including the risks of serious bodily injuries such as permanent disability, paralysis or death, and agree to be responsible for any and all injuries, damages, costs, expenses and other losses that could arise at any time as a direct or indirect result of my participation in or observation of the Activities. I acknowledge that neither the Town of Kingston, The Kingston Police Department, FOP Lodge #064 nor The Lovell Ice Arena will be responsible for supervising me or any other individuals participating in the Activities. It will be my responsibility to discontinue participation in the Activities if I believe that any circumstances relating to the Activities are unsafe or that my participation in or observation of the Activities will result in harm to me.

I voluntarily agree to comply with any stated and customary terms and conditions (which have been made available to me) for my participation in or observation of the Activities. If, however, I observe an unusual and/or significant hazard during my presence or participation in the Activities, I will remove myself from participation and bring such hazard to the attention of the nearest Activities official.

To the fullest extent permissible by applicable law, I, for myself and my respective heirs, assigns, spouses, partners, personal representatives and/or next of kin, forever WAIVE, RELEASE, DISCHARGE and COVENANT NOT TO SUE The Town of Kingston, The Kingston Police Department, FOP Lodge #064, The Tournament Organizers or The Lovell Ice Arena and each of their respective owners, officers, directors, representatives, agents, employees, affiliates, successors and/or assigns, as well as their respective independent contractors, sponsors, partners, volunteers, and, if applicable, owners and lessors of the premises used to conduct the Activities (collectively, the “Released Parties”), WITH RESPECT TO ANY AND ALL INJURY, SUITS, COSTS, LIABILITY, DISABILITY, DEATH, and/or loss or damage to person or property, incurred by me in connection with my participation in or observation of the Activities, whether arising from the negligence of the Released Parties or otherwise. I further agree to indemnify, defend and hold harmless the Released Parties from any loss, liability, cost, claim and/or damages arising from the Participant’s participation in or observation of the Activities, including but not limited to reasonable attorney’s fees.

I attest and verify that; (i) I am over 18 years of age and am legally signing on behalf of myself; (ii) the Participant is free from all illnesses, injuries and defects that could interfere with his/her safe participation in or observation of the Activities; (iii) that Participant is physically fit and sufficiently trained to participate in and or observe the Activities; and (iv) on the date of the Activities, Participant will possess and will be covered by medical/health insurance, individually or part of an organization. I acknowledge that I, for myself, am aware and informed of the inherent risks in participating in or observing the Activities and that the Participant’s participation in or observation of the Activities is entirely voluntary.

I consent to administration of first aid and other medical treatment and related services, including evacuation/transport, in the event of injury or illness in connection with participation in or observation of the Activities and hereby release and indemnify the Released Parties from any and all liability or claims arising out of such treatment and/or services.

I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING IT, INCLUDING THE RIGHT TO DEMAND ANY COMPENSATION FOR ANY INJURY OR DAMAGE THAT MAY OCCUR AS A RESULT OF THE ACTIVITIES. I am signing this Agreement and agreeing to its terms freely and without any inducement of any nature. I agree that if any portion of this Agreement is held to be invalid, all other terms shall continue in full force and effect.

Participant Name (Print):	Date:
Signature:	Team: