



2018 THANKSGIVING EXTRAVAGANZA PARTICIPANT RELEASE OF LIABILITY - PLEASE READ BEFORE SIGNING

In consideration of being allowed to participate in any way in the Ice-Plex hockey tournament program, its related events and activities, I the undersigned, acknowledge, appreciate and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others, and assume full responsibility for my participation; and,

3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the Ice-Plex immediately; and,

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify, and hold harmless Ice-Plex, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and owners and leasers of premises used for the activity ("Releases"), with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the releases or otherwise, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WIHTOUT ANY INDUCEMENT.

X _____
PARTICIPANT'S SIGNATURE Date

X _____
PARTICIPANT'S PRINTED NAME Date

X _____
Parent /Guardian Signature if less than 18 years old Date

X _____
Parent /Guardian Signature if less than 18 years old Date

Team _____ Division _____