

WAIVER FORM

Kingston Police Hockey Classic
March 20–22, 2026

In consideration of **Kingston Police Hockey Inc.**, the **Town of Kingston**, the **Kingston Police Department**, **Lovell Ice Arena**, **Seacoast Hockey Officials**, and their respective affiliates, sponsors, agents, employees, volunteers, and representatives (collectively, the “Released Parties”) 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”), whether as a participant, competitor, 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 agree 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, as well as property damage. These risks may arise from my own actions or inactions, those of others participating in or observing the Activities, my health conditions, the condition, structure, or maintenance of the ice rink, equipment used in connection with the Activities, or the negligence of the Released Parties. I understand that not all risks are apparent, knowable, or foreseeable.

I hereby knowingly and voluntarily assume all risks associated with the Activities, including the risk of serious bodily injury, permanent disability, paralysis, or death, and agree to be responsible for any and all injuries, damages, costs, expenses, or other losses that may arise at any time as a direct or indirect result of my participation in or observation of the Activities. I acknowledge that **Kingston Police Hockey Inc.**, the **Town of Kingston**, the **Kingston Police Department**, **Lovell Ice Arena**, and **Seacoast Hockey Officials** are not responsible for supervising me or any other individuals participating in the Activities. I agree that it is my responsibility to discontinue participation in the Activities if I believe any circumstances relating to the Activities are unsafe or may result in harm to me.

I voluntarily agree to comply with any stated and customary terms and conditions for participation in or observation of the Activities. If I observe any unusual or significant hazard during my presence or participation in the Activities, I will remove myself from participation and notify the nearest event official.

To the fullest extent permitted by applicable law, I, for myself and on behalf of my heirs, assigns, spouses, partners, personal representatives, and next of kin, **WAIVE, RELEASE, DISCHARGE, AND COVENANT NOT TO SUE Kingston Police Hockey Inc.**, the **Town of Kingston**, the **Kingston Police Department**, **Lovell Ice Arena**, **Seacoast Hockey Officials**, or any of their respective owners, officers, directors, agents, employees, volunteers, sponsors, affiliates, successors, assigns, or independent contractors (collectively, the “Released Parties”) from **any and all claims, demands, actions, causes of action, losses, liabilities, costs,**

damages, injuries, disabilities, death, or loss or damage to person or property, arising out of or related to 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 and against any loss, liability, claim, demand, cost, or damage (including reasonable attorneys' fees) arising out of or related to my participation in or observation of the Activities.

I represent and warrant that:

- (i) I am at least eighteen (18) years of age and legally competent to sign this Agreement on my own behalf;
- (ii) I am free from any illness, injury, or condition that would interfere with my safe participation in or observation of the Activities;
- (iii) I am physically fit and sufficiently trained to participate in and/or observe the Activities; and
- (iv) I will possess and maintain valid medical and/or health insurance coverage during the Activities.

I consent to the administration of first aid, emergency medical care, and any necessary medical treatment, including evacuation and transportation, in the event of injury or illness, and hereby release and indemnify the Released Parties from any and all liability or claims arising out of such care or treatment.

I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS, INCLUDING THE RIGHT TO SEEK COMPENSATION FOR ANY INJURY OR DAMAGES THAT MAY OCCUR AS A RESULT OF THE ACTIVITIES. I am signing this Agreement freely and voluntarily, without inducement of any kind. I agree that if any portion of this Agreement is held to be invalid or unenforceable, the remaining provisions shall continue in full force and effect.