

Four Seasons Centre

Assumption Agreement and Waiver and Release of Liability

By signing this document you will waive legal rights, including the right to sue

ASSUMPTION OF RISK: I am aware that participating in ice hockey involves certain inherent risks, dangers and hazards which can result in serious personal injury or death. I am also aware that ice skating rinks contain dangers that can cause serious injury or death. I hereby freely agree to assume and accept all known and unknown risks of injury arising out of ice hockey activities. I recognize and acknowledge that risks of ice hockey can be greatly reduced by: taking lessons, abiding by the Responsibility Code, abiding by the league rules and using common sense.

RELEASE AND WAIVER OF CLAIMS AGREEMENT: For allowing me to participate in ice hockey at the Four Seasons Centre, I agree, to the fullest extent permitted by law, as follows:

- 1.) TO WAIVE ALL CLAIMS that I have or may have against the Four Seasons Centre / Steele County arising out of ice hockey / related activities at the Four Seasons Centre.
- 2.) TO RELEASE the Four Seasons Centre / Steele County from all liability for any loss, damage, injury or expense that I (or my next of kin) may suffer, arising out of ice hockey / related activities, from any cause whatsoever, including negligence or breach of contract on the part of the Four Seasons Centre / Steele County in the operation, supervision, design or maintenance of the Four Seasons Centre.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____ PARTICIPANT'S NAME

X _____ PARTICIPANT'S SIGNATURE

X _____ EMERGENCY CONTACT & PHONE #

X _____ TODAY'S DATE

FOR PARTICIPANTS OF MINORITY AGE (UNDER THE AGE OF 18)

This is to certify that, as parent/guardian with legal responsibility for this participant, I consent and agree to his/her release and waiver as provided above, and for myself, my heirs, assigns, and next of kin.

X _____ PARENT/GUARDIAN'S SIGNATURE

X _____ EMERGENCY PHONE #

X _____ TODAY'S DATE