

**Capitol Ice, LLC
Legacy20 Arena Middleton
Waiver Form**

Player's Full Name: _____

Address: _____

City/State/Zip Code: _____

Phone: _____

Program: _____

As a condition of my participation in the Capitol Ice, LLC program referenced above, I hereby agree to release, forever discharge, and hold harmless Capitol Ice, LLC, its sponsors, USA Hockey, and each of their respective parent or affiliated companies, officers, directors, managers, employees, agents, representatives, successors, and assigns, from and against any and all claims, costs, damages, demands, expenses (including attorney's fees), or liabilities (collectively "Claims") arising out of or related in any way to my participation in the above-referenced program including, without limitation, any Claims for personal injury, illness, death, dismemberment, aggravation to pre-existing conditions, damages to personal property, lost wages, or any other Claims.

Signature (Parent/Guardian Signature if Under 18)

Date