Faribault Hockey Association Dryland Facility
Waiver and Release

In consideration of being allowed to participate in activities at the Dryland Training Facility at the Faribault Ice Arena (the "Facility"),
I_____, by signing the participant sheet, acknowledge and agree that:

1. The risk of injury from the Activities is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, training, 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 of my participation in the Activities at the Facility, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES 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 in the Activities at the Facility. 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 nearest official 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 the Faribault Hockey Association, its officers, members, owners, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS WAIVER AND RELEASE, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THE RESPECTIVE PARTICIPANT SHEET, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.

Date of Birth: _____/_____/_____ Team /Affiliation: _____

Participant: _____ **Phone Number:** _____
PLEASE PRINT

Signature: _____ **Date:** _____

Address: _____ **City**:_____ **State**:_____ Zip: _____

E-mail: _____