

South Windsor Arena Waiver & Release of Liability

Instructions:

1. Please print and sign the waiver.
2. Please bring the waiver with you to South Windsor Arena.

Note: without the waiver you will not be allowed on the ice.

In consideration of being allowed to participate as a figure skater, player or goalkeeper, in any on ice or off ice events held at the South Windsor Arena (South Windsor, CT) the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury from the activities involved in this event is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce the 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 rules, regulations and conditions for participation. If however I observe any unusual significant hazard during my presence, 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 AND HOLD HARMLESS South Windsor Arena, Celly Hockey LLC, Number Three LLC**, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors or premises used to conduct the South Windsor Hockey Camp and / or Program, **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**, and,

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 WITHOUT ANY INDUCEMENT.

Player's Name (please print): _____

Player's Signature: _____

Parent's Name (please print): _____
(if participant is under the age of 18)

Parent's Signature: _____

Date: _____

CONTACT US: (860) 289-3401

CELLY HOCKEY LLC
PO Box 118
South Windsor, CT
06074-0088
www.southwindsorarena.com