

## Waiver of Liability, Release

## **Assumption of Risk & Indemnity Agreement**

Participant and/or Participant's parent(s) or guardian acknowledge that ice skating is an inherently dangerous activity that involves risk of accident, property damage, serious bodily injury and death.

Participant and/or their parent(s) or guardian(s) assume full responsibility and hereby waive any and all claims including, but not limited to, bodily injury including death and property damage they may have against (City of Kalispell, Woodland Ice Center, Flathead Valley Hockey Association, their parents, subsidiaries, partners and affiliates) and all sponsors of the ice rink establishment and their subsidiaries, affiliates, partners, officers, directors, employees, agents, and volunteers arising out of Participant's use of the Woodland Ice Center (the "Rink") and all surrounding areas.

Participant and/or Participant's parent(s) or guardian (collectively "Releasing Parties") hereby waive, release, hold harmless and forever discharge any and all claims for damages, loss, personal injury, or death that Releasing Parties may encounter related to or arising out of Releasing Parties' activities at the Rink. This Release is intended to fully and completely discharge Flathead Valley Hockey Association, and all sponsors of the Woodland Ice Center and their subsidiaries, affiliates, partners, officers, directors, employees, agents, and volunteers from any and all liability for any loss, damage, or expense that Releasing Parties or Releasing Parties' respective heirs, assigns and legal representatives may suffer as a result of Releasing Parties' use of the Rink and surrounding areas, from any cause whatsoever, including without limitation, any act, omission, error, negligence or breach of contract on the part of Flathead Valley Hockey Association, or any sponsors of the Rink, in the operation, supervision, design, maintenance, or condition of the Rink and all surrounding areas. This release is intended to be as broad and inclusive as permitted by law, and is intended to be effective and binding upon Releasing Parties' heirs, next of kin, families, relatives, guardians, conservators, executors, administrators, trustees and assigns.

Participant certifies that (a) Participant has been advised to consult a physician before using the Rink: (b) Participant is in good physical health sufficient to use the Rink; (c) Participant is not under the influence of alcohol or any illegal drugs; and (d) Participant is not taking any medication that would prevent Participant from safely using the Rink. Participant and/or Participant's parent(s) or guardian(s) agree to follow all rules posted at the Rink and surrounding areas, and instructions from the operating staff of the Rink. Participant further agrees to abide by the "Code of Skater Conduct" as posted within the Rink area. Failure to follow the "Code of Skater Conduct" rules posted at the Woodland Ice Center and surrounding areas, or instructions from the operating staff of the Rink may result in the termination of Participant's use of the Rink, surrounding areas, and rental ice skates without refund.

Releasing Parties agree to, at Releasing Parties' sale expense, and with legal counsel reasonably acceptable to Flathead Valley Hockey Association, defend, indemnify and hold harmless Viejas from and against any and all accidents, injuries, liability, claims, costs or expenses related to any act, error, omission, or negligence of Releasing Parities, arising out of, or related to, Releasing Parties' use of the Rink and surrounding areas.

Releasing Parties hereby authorize Flathead Valley Hockey Association to use any photographs, videotapes, recordings or any other records taken of Releasing Parties while at the Woodland Ice Center and surrounding areas for publicity, advertising, or any other legitimate purpose.

BY SIGNING THIS RELEASE, I UNDERSTAND THAT I AM RELEASING FLATHEAD VALLEY HOCKEY ASSOCIATION, AND ALL SPONSORS OF THE RINK FROM ANY POTENTIAL CLAIMS FOR DAMAGES CAUSED BY ANY ACT, ERROR, OMISSION OR NEGLIGENCE OF FLATHEAD VALLEY HOCKEY ASSOCIATION, OR OTHER SPONSORS.

Name of Adult Participant:		Age:	DOB:	DOB:
Name of Youth Participant:		Age:	DOB:	
Name of Youth Participant:		Age:	DOB:	
Name of Youth Participant:		Age:	DOB:	
Address:				
City:			Phone:	
Adult Participant/Parent or Guardian's Signature:				
This is to certify that I, as parent or q above. I further agree that I will not Participant's safety and welfare. To t sponsors of the Rink and their subsi liabilities incident to the Participant's if arising from any act, error, omission	leave the Rink area and will he fullest extent permitted b diaries, affiliates partners, of s involvement or participation	remain in a location clo y law, I hereby release fficers, directors, emplo n in the ice skating acti	ose enough to supervise and remai and agree to indemnify Viejas, Rin byees, agents, and volunteers from vities offered at the Rink and surro	in responsible for the k Specialists, and all n any and all
Parent/Guardian Signature:				
Emergency Phone No:	Date			
☐ Yes, I would like to receive specia	l offers and information abo	ut promotions from Fla	athead Valley Hockey Association.	
Email:			Cell Phone:	