

PARTICIPANT RELEASE, DISCHARGE, WAIVER AND COVENANT NOT TO SUE

Activity:	
Date and Time of Activity:	

THIS IS A LEGAL DOCUMENT. YOU MUST READ CAREFULLY.

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Minnesota Wild Hockey Club, LP ("Wild") or gained to the ice surface or any area of Xo	and referees must read, sign, and return this document to an authorized Saint Paul Arena Company, LLC ("SPAC") staff member <u>BEFORE</u> access is cel Energy Center (the "Arena") associated with the Activity. Activities may action, on-ice activities, hockey, and all additional Fan Development events or
In consideration of to participate in the above-Activity and, in the Participants") hereby voluntarily agree	(the "Participant") having been provided the opportunity the case of a minor participant, his/her parent or guardian (collectively e as follows:
next of kin and assigns, hereto release and discipromoter of the Activity and each of their resperance affiliates (collectively, the "Releasees") from, waive losses, damages, costs, expenses (including, but any nature (collectively, the "Liabilities") arising from the Participants sustained in connection with participants.	NOT TO SUE. Participants, for themselves and their personal representatives, heirs, harge Wild, SPAC, City of St. Paul, the National Hockey League, each sponsor and ctive parents, subsidiaries, owners, partners, employees, representatives and other we in respect of each and covenant not to sue any Releasee for any and all liabilities, to not limited to, attorneys' fees and expenses), causes of action, suits and claims of the personal injury, death, damage to or loss of property participation in the Activity (hereinafter "Release"). Such Release, shall include, but not le or in part by the negligence of any Releasee in connection with the Activity.
exists, and agree to assume all risk of and res Participants arising from or relating to participatio injury or death, or damage to or loss of property participant, the acts or omissions of any referee property, caused in whole or in part by the neglin	e aware of and understand the inherent risks, dangers and the potential for injury that ponsibility for personal injury or death to, or damage to or loss of property of the n in the Activity. Such assumption of risk includes, but is not limited to, any personal arising from, based upon or relating to the lack of skill or improper conduct of any e, coach or supervisor, and any personal injury or death, or damage to or loss of gence of any Releasee. Each of the Participants understand and agree that, in the ents, none of the Releasees will be responsible for any decisions relating to medical
Participant for advertising, publicity, or any other any medium, at any time, without compensation themselves and their personal representatives, exto waive in respect of each Releasee, and not to see the second	ity shall constitute permission to use the name, likeness or any other identification of purposes in connection with the Activity or the business of any of the Releasees, in n or right of prior review or approval by the Participants. Participants agree, for eccutors, heirs, next of kin and assigns, to release and discharge each Releasee from, sue any Releasee for, any and all Liabilities arising from, based upon or relating to any ublicity, defamation or appropriation, or any similar claim, in connection with any such
	ne Releasees shall have, or be deemed to have, any obligation to the Participants ivity, including, but not limited to, with respect to the continued provision of equipment nerwise.
	ned by and construed in accordance with the laws of the State of Minnesota, without If any portion of this Release be held invalid or unenforceable, the remaining portion ain in full force and effect.
REPRESENTATIONS. Participants state that the and is not subject to any medical condition that ma	Participant is in good physical condition, is physically fit to participate in the Activity ay pose any risk of harm or disability to others.
Participant Name:	Participant Signature:
Parent/Guardian Name:	Parent/Guardian Signature:
Date: Email:	Phone:

Address: _____ State: ____ Zip: ____