

PLEASE PRINT CLEARLY

Program # _____

PARTICIPANT INFORMATION

Last Name: _____ First Name: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zipcode: _____

Date of Birth: _____ Age: _____ Customer Number: _____

E Mail Address _____ Age Verification _____



WAIVER AND RELEASE OF LIABILITY



In consideration of being allowed to participate in any way in Albert and Amelia Ferst Operating Foundation LLC, dba Amelia Park Ice Arena and Park, (hereafter Amelia Park) programs, events, related events, and activities, the undersigned understands, appreciates, acknowledges, and agrees that:

- 1) The risk of injury from activities involved in these programs, events, related events, and activities is significant, including but not limited to the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- 2) I KNOWINGLY AND FREELY WAIVE ALL SUCH RISK of injury as aforesaid, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF AMELIA PARK or others, and take full responsibility for my participation; and,
- 3) I willingly agree to comply with the stated and customary terms and conditions for participation. 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 Amelia Park official immediately; and,
- 4) WITH RESPECT TO ANY AND ALL INJURY, DEATH, OR LOSS OR DAMAGE TO PERSON OR PROPERTY, WHETHER ARISING FROM THE NEGLIGENCE OF AMELIA PARK OR OTHERWISE, I, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS AMELIA PARK, and the Albert and Amelia Ferst Operating Foundation, and their officers, officials, agents, and/or employees, as well as other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event.

I HAVE READ THIS RELEASE OF LIABILITY AND WAIVER OF RISK AGREEMENT. I FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I SIGN IT FREELY, VOLUNTARILY AND WITHOUT ANY INDUCEMENT WHATSOEVER.

Participant's Signature

Date Signed

Witness

WAIVER AND RELEASE OF MINORITY AGE

(under the age of 18 years at the time of registration)

This is to certify that I, as parent/guardian with legal responsibility for this minor, do consent and agree to his/her release and waiver as provided above from all the releases, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless Amelia Park, and the Albert and Amelia Ferst Operating Foundation, and their officers, officials, agents, and/or employees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF AMELIA PARK. This waiver is considered binding for one year from date of signing.

Parent or Guardian's Signature

date signed

HOCKEY FS OTHER _____

ENTERED IN WAIVER FILE