

ARCTIC EDGE ICE ARENA
14613 N. Kelly Ave. OKC, OK 73013
(405) 748-5454 www.arctic-edge.com



Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement (“Agreement”)

In consideration of participating in Arctic Edge Ice Arena activities I represent that I _____, understand the nature of skating activities (“activity”) and that I am qualified, in good health and in proper physical condition to participate in such “activity”. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the “activity.”

I fully understand this “activity” involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the “activity”, the conditions in which the “activity” takes place, or the negligence of the “releases” named below; and that there may be other risks not known to me or not readily foreseeable at this time; and I fully accept and assume all risks and all responsibility for losses, costs, and damages I incur as a result of my participation.

I hereby release, discharge, and covenant not to sue the *Arctic Edge Ice Arena, Coaches, Staff, Employees, Volunteers, Participants or Parent(s) if another Participant is a minor and/or any unnamed Individual associated with Arctic Edge Ice Arena and if applicable, owners and lessors of premises* on which the “activity” takes place (each considered one of the “releases” herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the “releases” or otherwise, including negligent rescue operations; and I further agree that if, despite this release, waiver of liability, and assumption of risk, I, or anyone on my behalf, makes a claim against any of the releases’, I will indemnify, save, and hold harmless each of the releases’ from any loss, liability, damage, or cost which any may incur as the result of such claim.

Arctic Edge Ice Arena Management, Employees and/or Contracted Employees have the right, but not the obligation, to provide rules, regulations and/or ice monitors for Ice time. We hereby acknowledge that the Arctic Edge Ice Arena shall not be responsible for the supervision of the skaters while at the skating location or other competition sites.

I have read this *RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT*, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and conditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

In the event that criminal, intentional, malicious or otherwise illegal or immoral actions occur, the entire waiver and release will be voided. This includes any physical/emotional/sexual misconduct, assault, battery, personal injury (whether physical or emotional), and/or damage to property due to intentional actions, this entire waiver and release will be immediately null and void.

PRINTED NAME OF SKATER

SIGNATURE OF SKATER

DATE

PRINTED NAME OF PARENT/GUARDIAN
(IF PARTICIPANT IS A MINOR)

SIGNATURE OF PARENT/GUARDIAN
(IF PARTICIPANT IS A MINOR)

DATE



PARENTAL CONSENT AND INDEMNIFICATION AGREEMENT

I, _____ the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such "activity."

I hereby release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the releases' from all liability, claims, demands, losses, or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the releases' or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above releases', I will indemnify, save and hold harmless each of the releases' from any litigation expenses, attorney fees, loss liability, damage, or cost any releases' may incur as the result of any such claim.

IN THE EVENT THAT CRIMINAL, INTENTIONAL, MALICIOUS OR OTHERWISE ILLEGAL OR IMMORAL ACTIONS OCCUR, THE ENTIRE WAIVER AND RELEASE WILL BE VOIDED. THIS INCLUDES ANY PHYSICAL/EMOTIONAL/SEXUAL MISCONDUCT, ASSAULT, BATTERY, PERSONAL INJURY (WHETHER PHYSICAL OR EMOTIONAL), AND/OR DAMAGE TO PROPERTY DUE TO INTENTIONAL ACTIONS, THIS ENTIRE WAIVER AND RELEASE WILL BE IMMEDIATELY NULL AND VOID.

Printed Name of Parent/Legal Guardian Signature of Parent/Legal Guardian Date

CONSENT FOR MEDICAL ATTENTION OR TREATMENT

I certify that I, the participant, or I, the parent/guardian of said participant, give my consent to the, Arctic Edge Staff, Individuals with the purpose of Good Samaritan intent and the facility that the activities are taking place in and their volunteers to obtain medical care from any licensed physician, hospital or clinic, including transportation and emergency medical services, for myself/ourselves and/or said participant for any injury that could arise from participation in these activities.

DATE: _____

1. _____ 2. _____
PRINTED NAME OF PARTICIPANT PRINTED NAME OF PARTICIPANT

(If there are additional minor members, please attach an additional authorization)

Print Name(s) of Parent(s)/Guardian(s) _____

1st Parent/Guardian Signature _____

2nd Parent/Guardian Signature _____

This Consent for Medical Attention shall be binding and effective on the date of signature listed above. This consent will stay in force unless the member and parent/guardian revoke the authorization. In order to revoke the authorization, it must be done in writing.

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