ICE CENTER OF SAN MATEO 2202 BRIDGEPOINTE PKWY. SAN MATEO CA 94404

Phone: 650-574-1616 Fax: 650-574-4926 sanmateo@icecenter.net www.icecenter.net



ICE CENTER OF CUPERTINO 10123 N. WOLFE ROAD CUPERTINO CA 95014 Phone: 408-446-2906 Fax: 408-446-1642 cupertino@icecenter.net

www.icecenter.net

WAIVER, PARENTAL WAIVER AND RELEASE OF LIABILITY PLEASE READ CAREFULLY

I, the undersigned, parent or legal guardian, acknowledge the inherent risk involved in ice skating, and all sports relating thereto. Accordingly, in consideration of myself, or my child being allowed to participate in any skating activities and/or other activities at Ice Center, I agree to the following:

- 1. I ACKNOWLEDGE AND FULLY UNDERSTAND THAT I (or child) WILL BE ENGAGING IN ACTIVITES THAT INVOLVE RISK OF SERIOUS INJURY WHICH MIGHT RESULT NOT ONLY FROM MY (or child) ACTIONS, BUT ALSO FROM THE ACTION, INACTION OR NEGLIEGENCE OF OTHERS; AND FURTHER, THAT THERE MAY BE RISKS NOT KNOWN TO ME OR NOT REASONABLY FORESEEABLE.
- 2. ON BEHALF OF MYSELF (or my child), I AGREE TO ASSUME ALL THE FOREGOING RISKS AND ACCEPT PERSONAL RESPONSIBILITY FOR MY OWN DAMAGES FOLLOWING SUCH INJURY.
- 3. ON BEHALF OF MYSELF (or my child), I RELEASE, DISCHARGE, WAIVE AND COVENENT NOT TO SUE ICE CENTER ENTERPRISES LLC, AND ALL THEIR RESPECTIVE AGENTS, AFFILIATES, ASSOCIATES, OFFICERS, DIRECTORS, OWNERS, AND EMPLOYEES (COLLECTIVELY "RELEASEES") FROM DEMANDS, LOSSES OR DAMAGES ON ACCOUNT OF AMY INJURY, DEATH OR DAMAGE TO PROPERTY, CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY RELEASEES OR ANY OTHER PARTYS ACTIONS, INACTION, OR OTHERWISE; AND AGREE TO INDEMNIFY RELEASEES FROM ANY AND ALL THIRD PARTY CLAIMS CAUSED IN WHOLE OR IN PART BY MY (or child) ACTIONS.

I have read the above Waiver and Release, and understand that by signing below, I have given up substantial rights on behalf of myself or my child.

Name of Participant (printed):	
Signature of Participant	
Parent or Legal Guardian:	
Printed Name of Parent	
or Legal Guardian:	
Date:	
Daic	