

(RINK/ARENA NAME)

HELMET SAFETY POLICY WAIVER and RELEASE OF LIABILITY FORM

Please read carefully before signing. Proper completion of this document shall be required prior to consent being provided to skaters **aged 12 and under** during events at the **(Rink/Arena Name)**.

I (print name) _____, the undersigned acknowledge, appreciate and agree that:

1. I am the Parent or the Legal Guardian of the said participant; and,
2. The risk of injury from activities involved at **(Rink/Arena Name)** is significantly increased by not wearing a helmet, including the potential for permanent paralysis and death, and that wearing a helmet significantly reduces the risk of serious injury; and,
3. I knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for participation without a helmet; and,
4. By this Agreement, it is my intention to surrender and waive any rights, on behalf of myself **or my minor child**, to sue or exercise any legal right to seek damages from the **(Rink/Arena Name)**, and their agents, servants, employees, officers, directors, trustees and all other persons or entities acting on their behalf; and,
5. I give my consent and permission to the **(Rink/Arena Name)** to obtain on behalf of myself **or my minor child** any emergency medical treatment in case of sickness, accident or injury and to secure such medical attention at my expense; and,
6. I, for myself and on behalf of my heirs, assigns, personal representatives, and next of kin, hereby release and hold harmless the **(Rink/Arena Name)**, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (Releasees) with respect to any and all injury, disability or death due to failure of wearing a helmet.

I HEREBY CERTIFY THAT I AM OVER 18 YEARS OF AGE. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. I AM AWARE THAT BY SIGNING THIS AGREEMENT, I ASSUME ALL RISKS AND WAIVE AND RELEASE CERTAIN SUBSTANTIAL RIGHTS THAT I MAY HAVE OR POSSESS.

Participant's Name: _____

Parent's (or Legal Guardian's) Name: _____

Parent's (or Legal Guardian's) Signature: _____

Date: _____