



Americas Ice Garden
700 North Pearl Street
Dallas, TX 75201
214-720-8080

www.americasicegarden.com

AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the athletic/sport program, related events and activities, the undersigned acknowledges, appreciates and agrees that;

1. The risk of injury from the activities involved with this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce that chance, the risk of serious injury does still exist: and
2. I knowingly and freely assume all such risk, both known and unknown, even arising from the negligence of the releases or others, and assume full responsibility for my participation: and
3. I willingly agree to comply with the stated 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 official immediately: and
4. I for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless Americas Ice Garden and Rink Management Services, their officers, officials and or employees, other participants, sponsoring agencies, sponsors, advertisers and if applicable, owners/ lessors of the premises used to conduct the event ("releases"), with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the releases or otherwise.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AND FULLY UNDERSTAND ITS TERMS. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY TYPING NAME, AND SELECT AGREE FREELY WITHOUT ANY INDUCEMENT.

Name of participant or participant's legal guardian if under 18

Parent /Guardian Name _____

Parent / Guardian Signature _____ Date _____

Participant Name _____ Birthday _____

Address _____

City _____ State _____ Zip Code _____

Phone Contact _____ Email Address _____