

PLEASE PRINT CLEARLY

PARTICIPANT INFORMATION

Last Name: _____ First Name: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Age: _____ Email: _____

City of Graham Waiver, Release of Liability, Permission & Authorization Form

Downtown Graham's Ice Skating Rink on Synthetic Ice

In consideration of being allowed to participate in any way on Downtown Graham's Ice Skating Rink on Synthetic Ice and related events and activities organized by the City of Graham Recreation and Parks Department and Alamance Arts (hereafter PARTNERS), the undersigned understands, appreciates, acknowledges and agrees that:

1. The risk of injury from activities involved in this program, 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, 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 Ice Skating Rink official immediately; and,
4. WITH RESPECT TO ANY AND ALL INJURY, DEATH, OR LOSS OR DAMAGE TO PERSON OR PROPERTY, I, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS THE PARTNERS 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.

Photography Waiver: I DO I DO NOT (circle one) give my permission to have myself and/or my child appear in any current and/or future media coverage approved by the PARTNERS.

Parent or Guardian's Signature

Date Signed

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 the PARTNERS and their officers, officials, agents, and/or employees from any and all liabilities incident to my minor child's involvement or participation in this program and related events as provided above.

Parent or Guardian's Signature

Date Signed

☐ HOCKEY ☐ FIGURE SKATES

☐ ENTERED IN WAIVER FILE