

TRIVALLEY ICE

WAIVER AND RELEASE FROM LIABILITY FORM

My name is _____(print), I am a participant/legal guardian, volunteer, spectator of a participant (circle one) of _____(print) at TriValley Ice. I understand that TriValley Ice has activities on ice including but not limited to ice skating, ice hockey, figure skating, broomball, curling, and off ice activities that may include physical training and exercise that may or may not include protective equipment. Protective equipment may be rented, borrowed, or owned by the participant or TriValley Ice. I understand that injuries, accidents, serious disabling injuries and/or death may occur while participating or during spectator activities. Injuries may include but are not limited to slipping, falling, being struck by another participant, puck, stick, and/or equipment.

I or my dependent has no physical limitation that prevents participation in any activity at TriValley Ice. It is not the responsibility of TriValley Ice to know the physical condition of its participants. Participants need to see their own physician to know if they are capable of participating in events and activities at TriValley Ice. I agree to participate as requested and follow all procedures and rules provided by TriValley Ice personnel and management that may be posted on the website, posted in the building or verbally given by staff. I understand that there are risks known and unknown that may not be reasonably foreseeable. I also understand that I will not be allowed to participate in any activity without executing a Waiver and Release from Liability form.

I fully assume the risk of injury, disability, death, and loss or damage of personal property while attending the TriValley Ice facility and parking area. Regardless of being a participant, volunteer, instructor, vendor, or spectator even if arising from the ordinary negligence of other persons executing a similar Waiver and Release from Liability form. I knowingly release, indemnify, hold harmless, and discharge TriValley Ice, TriValley Ice management and its employees.

I hereby affirm and acknowledge that I have read this document. I hereby affirm and acknowledge that I understand its contents and agree to be bound thereby. If I am under the age of eighteen years, my parent/guardian has read and completed the section below.

Name _____ of _____ Participant:

±

Name _____ of _____ Parent/Guardian _____ (if _____ necessary):

±

Relationship _____ to _____ Participant:

±

Email _____ Address:

±

Phone _____ Number:

±

±
Signature of Participant (if over 18) or Parent/Guardian

Date

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