



RELEASE AND WAIVER

Rev 9//22/2020

Please print legibly!

Date: _____ Time: _____ Program/Event: _____

YOUR NAME: _____ Cell # _____

Enter minor children on page 2

I acknowledge on behalf of myself and my children under the age of 18 the contagious nature of the Coronavirus/COVID-19 (“COVID”) and that several health authorities, including but not limited to, the CDC and numerous state and local public health authorities still recommend social distancing.

I further acknowledge that Ice Skating Enterprises, Inc. dba Iceoplex (“Iceoplex”) has put in place preventative measures to reduce the spread of COVID.

I also hereby acknowledge that Iceoplex cannot guarantee that I or a family member (including young children) will not become infected with COVID here or elsewhere.

I understand the risks of becoming exposed to and/or infected by COVID may result from the actions (negligent or otherwise) or omissions of myself and others, including, but not limited to, Iceoplex staff and/or Iceoplex patrons and/or their family members.

I acknowledge and accept these risks for myself and on behalf of my family members under the age of 18.

Despite the risks outlined above, I voluntarily assume all risks (known, unknown, foreseeable or unforeseeable) by seeking the services identified above provided by Iceoplex and acknowledge that myself, a family member or my child may be increasing the risk of exposure to the COVID virus by seeking and participating in said services provided by Iceoplex.

I acknowledge that I must comply with all set procedures of Iceoplex to reduce the spread of COVID while attending and/or participating.

I attest that I and my minor child(ren), if applicable:

- Are not experiencing any symptoms of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat or new loss of taste or smell.
- Have not traveled internationally within the last 14 days.
- Have not traveled to a highly impacted area within the U.S. in the last 14 days.
- Do not believe that I/we have been exposed to someone with a suspected and/or confirmed case of COVID.
- Have not been diagnosed with COVID and not-yet cleared as non-contagious by state or local public health authorities.
- Are following all CDC recommended guidelines as much as possible and limiting my/our exposure to COVID.

I hereby release and agree to hold Iceoplex harmless from and waive on behalf of myself, my heirs and any personal representatives, any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by an act or failure to act of Iceoplex or that may otherwise arise in any way in connection with entering the premises and/or receiving services offered by Iceoplex.

I understand that this release discharges Iceoplex from any liability or claim that I, my heirs, or any personal representatives, may have against Iceoplex and its staff with respect to any bodily injury, illness, death, medical treatment or property damage that may arise from, or in connection to, any services received from Iceoplex.

This liability waiver extends to the ice skating facility together with all parties involved with managing and directing Iceoplex.

If accompanying a minor:

I hereby certify that I am the adult parent or guardian of

_____, _____, _____,
minor child(ren) under the age of eighteen years and I consent to his/her/their participation in activities at Iceoplex despite the risks outlined herein.

I have read, understand, and agree to the above.

Signature: _____ Date: _____