

Norwich RoseGarden Ice Arena

RELEASE OF LIABILITY AND CONSENT FOR EMERGENCY MEDICAL TREATMENT OF MINORS TEMPORARILY SEPARATED FROM PARENTS OR GUARDIANS

I, _____, wish to skate on and/or have my child, _____ skate on ice made available for purchase by the Norwich RoseGarden Ice Associates, LLC, Incorporated. In consideration of the acceptance of this registration, I understand that by signing this form, I give up the right to sue the Norwich RoseGarden Ice Associates, LLC, Incorporated or its shareholders for any claim including, but not limited to negligence for injuries or loss of property, which might occur to skating and/or non-skating participants during normal camp activities, inside or outside of the Norwich RoseGarden Ice Associates, LLC, Incorporated facility.

I understand that ice skating is a hazardous recreational activity and that I assume the risk of any injury, which may occur to me as a result of my participation in ice skating, both on and off the ice surface(s).

I, the undersigned parent or legal guardian, hereby appoint in advance of any specific need for treatment and care, any Norwich RoseGarden Ice Associates, LLC, Incorporated arena official, who are of lawful age, for the purpose of authorizing and consenting to hospital emergency care and/or medical care or treatment, but not including elective treatment of the above named minor for any illness and/or injury incurred while I am away from the Norwich RoseGarden Ice Associates, LLC, Incorporated or otherwise unable to give such consent. I understand that I am responsible for any and all costs and expenses for emergency care and/or medical care or treatment rendered to the above named minor and that I will be billed for these services directly by the doctor and/or hospital. This authorization shall remain in force for one year following enrollment, or until personally revoked in writing by the undersigned.

I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect. I agree that this release will remain in effect indefinitely with my continued participation in the Norwich RoseGarden Ice Associates, LLC, Incorporated. I grant permission to use photographs, videos and / or images of myself and / or my child in advertising and promotional materials for the Norwich RoseGarden Ice Associates, LLC, Incorporated.

I understand that I am also signing a binding contract for the purchase of subscription ice time.

By Checking this box I acknowledge and agree to all of the terms and conditions as specified above and also on the accompanying informational flyer.

Signature of Parent/Skater _____

Print Name _____

Date _____

Address _____

City _____

State _____

Zip _____

Phone _____

Email _____

Do you want to receive information on (check all that apply): ___ Hockey ___ skating lessons ___ general info ___ Public skate