



**ICE RINK
WAIVER / ACKNOWLEDGMENT OF RISK**

Participant Name (Please Print): _____
Participant Name (Please Print): _____
Participant Name (Please Print): _____
Participant Name (Please Print): _____
Participant Name (Please Print): _____

Address: _____
Phone Number () _____

PLEASE READ CAREFULLY BEFORE SIGNING

I acknowledge and fully understand that I will be observing and engaging in activities that involve risk of serious injury, including permanent disability and death. I assume all foregoing risks and accept personal responsibility for the damages following such an injury, permanent disability or death. I release, indemnify, defend and hold harmless Redmond Area Park and Recreation District, the Redmond Urban Renewal Agency and the City of Redmond, their respective elected officials, administrators, directors, agents, sponsors, volunteers and other employees of their organization, advertisers, event organizers and other participants from any and all suits and claims, losses and liability, including attorney's fees, arising from injury or death to persons or damage to property occasioned by any act or omission arising out of or any way related to the ice rink participation above, or participation in ice skating as a participant, spectator, sponsor, promoter, agent or official.

I give my consent for photographs, in which above named participants may appear, to be used for marketing purposes. I authorize Ice Rink operators to transport me or my child for, and to obtain, emergency medical care or treatment, if required.

Signature of Participant: _____ Date: _____
Signature of Participant: _____ Date: _____

Participants under the age of 18 must have their parent or guardian's approval. As the parent or guardian of the participant listed above, I have read and accept the Ice Rink **WAIVER / ACKNOWLEDGMENT OF RISK** and understand their contents.

Signature of Parent/Guardian: _____ Date: _____