

ASSUMPTION OF RISK AND RELEASE

BY MY PARTICIPATION IN THE ON-ICE ACTIVITIES BEING HELD ON THE DATE SET FORTH BELOW AT THE GLENS FALLS CIVIC CENTER IN GLENS FALLS, NY, I VOLUNTARILY AND KNOWINGLY ASSUME ALL RISK OF PERSONAL INJURY AND ALL OTHER HAZARDS FROM OR RELATED TO SUCH PARTICIPATION, WHETHER OCCURRING PRIOR TO, DURING, OR AFTER SUCH ACTIVITY, AND HEREBY FOREVER RELEASE AND DISCHARGE THE ADIRONDACK CIVIC CENTER COALITION, INC. THE CITY OF GLENS FALLS, THE GLENS FALLS CIVIC CENTER, AND EACH OF THEIR RESPECTIVE AFFILIATES, OWNERS, OFFICERS, DIRECTORS, EMPLOYEES, OFFICIALS AND AGENTS OF AND FROM ANY AND ALL MANNER OF ACTIONS, CAUSES OF ACTION, CLAIMS OR DEMANDS OF ANY KIND OR NATURE, EITHER IN LAW OR AT EQUITY, WHATSOEVER RELATING IN ANY WAY TO MY PARTICIPATION IN SUCH ACTIVITIES, INCLUDING BUT NOT LIMITED TO CLAIMS FOR BODILY INJURY OR DEATH OF PERSONS AND LOSS OR DAMAGE TO PROPERTY, WHETHER OR NOT CAUSED BY NEGLIGENCE.

I FURTHER RELEASE ALL OFFICIALS AND PERSONNEL FROM ANY AND ALL CLAIMS WHATSOEVER ON ACCOUNT OF FIRST AID, TREATMENT OR SERVICE RENDERED ME BEFORE, DURING OR AFTER MY PARTICIPATION IN SUCH ACTIVITIES.

I FURTHER STATE THAT I HAVE CAREFULLY READ THIS ASSUMPTION OF RISK AND RELEASE AND KNOW THE CONTENTS HEREOF AND SIGN THIS ASSUMPTION OF RISK AND RELEASE AS MY OWN FREE ACT.

ORGANIZATION: \_\_\_\_\_

SIGNATURE\*: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

DATE OF SIGNATURE: \_\_\_\_\_

DATE OF ACTIVITY: \_\_\_\_\_

\* If participant is a minor (under the age of 18), its parent or guardian must also sign below:

I REPRESENT THAT I AM THE PARENT/GUARDIAN OF THE MINOR WHO HAS SIGNED THE ABOVE ASSUMPTION OF RISK AND RELEASE, AND I HEREBY AGREE THAT WE SHALL BOTH BE BOUND THEREBY.

SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_