

PAVILION SKATING CLUB OF CLEVELAND HEIGHTS
RELEASE, WAIVER OF LIABILITY AND EXPRESS ASSUMPTION OF RISK AGREEMENT
(must be completed)

In consideration of my participation in any Pavilion Skating Club program or activity, I acknowledge that I understand the nature of the activity and that I, and/or my minor child, am qualified, in good health, and in proper physical condition to participate in such activity. I acknowledge that if conditions are unsafe, I, and/or my minor child, will immediately discontinue participation in the activity.

I fully understand that skating involves risks of serious bodily injury, including permanent disability, paralysis, and death, and that these and other risks may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the Releasees named below, and that there may be other risks either not known to me or not foreseen at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation in the activity.

I hereby release, discharge, and covenant not to sue Pavilion Skating Club or Cleveland Heights, its officers, Board of Trustees, members, volunteers and agents, and any sponsors and advertisers of any Pavilion Skating Club event in which I participate (each considered one of the Releasees herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the Releasees. This release waiver of liability and express assumption of risk agreement does not apply to any liability, claims, demands, losses, or damages arising out of the gross negligence of, or intentional, willful or wanton misconduct of Releasees. If I, or anyone on my and/or my minor child's behalf, makes a claim which does not arise from the gross negligence of or intentional, willful or wanton misconduct of Releasees against any of the Releasees, I will indemnify, defend, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost which may incur as the result of such claim.

I acknowledge that I have read this release, waiver of liability and express assumption of risk agreement and fully understand it.

SIGNATURE OF PARTICIPANT
(age 18 or older)

SIGNATURE OF PARENT/LEGAL GUARDIAN
(if participant is under age 18)

Date Signed: _____

EMERGENCY MEDICAL INFORMATION

Skater: _____

Address: _____

Phone: _____ Email: _____

PARENT/GUARDIAN INFORMATION

EMERGENCY CONTACT INFORMATION

Name: _____

Name: _____

Address: _____

Address: _____

Home: _____

Phone: _____

Work: _____

MEDICAL HISTORY

Allergies: _____

Existing Medical Conditions: _____

Medical Facility of Choice: _____

Address: _____

Phone: _____

Physician: _____ Phone: _____

Dentist: _____ Phone: _____