

Youth Participation Waiver



MULLETT ICE CENTER RELEASE OF LIABILITY

I am allowing my child/children to participate in Programs at The Mullett Ice Center. I understand that there are certain dangers inherent in ice skating or playing Ice Hockey, which includes but is not limited to injuries from contact with other skaters or players, sideboards, goal standards, the ice, the puck and equipment. In consideration of being allowed to participate, I, individually and for all others who may make a claim based on injury to me, accept the risk of physical injury and release and discharge Mullett Ice Center, the HGM ICE LLC and all of its employees and volunteers from any liability to me for any physical injury which may occur while my child is participating. I understand that the purpose and intent of this Release is to prevent me, and others who may claim through me, from recovering any money from Mullett Ice Center, the HGM ICE LLC and its employees and volunteers for any physical injury my child may suffer while participating.

Family Last Name: _____

Participant Name: _____

Participant DOB: _____

Participant Name: _____

Participant DOB: _____

Participant Name: _____

Participant DOB: _____

Parent/Guardian Name: _____

Parent DOB: _____

Parent/Guardian Signature: _____

Today's Date: _____

Email: _____

Cell: _____

Address: _____