## LAS VEGAS ICE CENTER LIABILITY WAIVER

I, the undersigned, fully understand and acknowledge the inherent risks associated with ice skating, including but not limited to, the risk of falling, collision with other skaters, equipment failure, impact with the boards, impact with the doors, falling onto the ice from any door/bench area, ice related injuries and any on-ice fall/impact injuries that may result in permanent disability or death. I am aware that these risks exist regardless of the skill level of the skater and/or the safety precautions taken by the ice rink/facility.

In consideration of being permitted to use the ice rink facilities of Las Vegas Ice Center (the "Facility"), I hereby voluntarily assume all risks of injury or damage to myself or my property arising out of or in connection with my use of the Facility as a skater and/or hockey player. This includes all activities on the ice, in the lockeroom, in the bathroom/shower, and/or the common areas of the facility. I agree to comply with all rules and regulations of the Facility and to use the Facility in a safe and responsible manner.

Assumption of Risk: I expressly assume all risks associated with ice skating, ice hockey, figure skating, ice hockey & figure skating training (on & off ice), including but not limited to, those risks caused by the condition of the ice, the actions of other skaters, the failure of equipment, impact with the boards, impact with the doors, falling onto the ice from any door/bench area, ice related injuries and any on-ice fall/impact injuries that may result in permanent disability or death.

Indemnification: I agree to indemnify, defend, and hold harmless Las Vegas Ice Center, its owners, officers, directors, employees, agents, the Las Vegas Storm, any LLC associated with the ice rink/hockey teams, Scott Allegrini, any member of the Brooks family and any volunteers (collectively, the "Releasees") from any and all liability, claims, demands, actions, or causes of action of any kind whatsoever, whether known or unknown, arising out of or in connection with my use of the Facility, including but not limited to, any injuries, losses, or damages suffered by myself or any third party.

Helmet Use: I understand that wearing a helmet is strongly recommended for all ice-skating activities, and is mandatory for all hockey events, classes, clinics and games. I agree to wear a properly fitted helmet at all times while participating in hockey activities. I also agree that not wearing a helmet with proper face protection is a dangerous activity. I confirm the ice rink has STRONGLY recommended I wear face and head protection while I am wearing ice skates.

Medical Conditions: I certify that I am physically fit to participate in ice skating activities and that I have no medical conditions that would prevent me from safely participating. I agree to inform the facility of any medical conditions that may affect my ability to participate.

Minors: If I am under the age of 18, I have obtained the written consent of my parent or legal guardian, who has read and agreed to the terms of this waiver.

Photo Release: I grant Las Vegas Ice Center and the tournament/showcase permission to use photographs or videos taken of me at the Facility for promotional purposes.

I hereby release, waive, and discharge Las Vegas Ice Center, its owners, officers, directors, employees, agents, the Las Vegas Storm, any LLC associated with the ice rink/hockey teams, Scott Allegrini, any member of the Brooks family and any volunteers (collectively, the "Releasees") from any and all liability, claims, demands, actions, or causes of action of any kind whatsoever, whether known or unknown, arising out of or in connection with my use of the Facility, including but not limited to, any injuries, losses, or damages I may suffer.

I understand that this waiver is a contract and that I am giving up valuable legal rights. I have read this waiver carefully and fully understand its contents.

I certify that I am of legal age to enter into this agreement or that I have obtained the consent of my parent or legal guardian to do so.

Signature

**Printed Name** 

Date