



RELEASE OF LIABILITY AGREEMENT

Date: _____ Full Name: _____

Gender: M F Birthdate: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell/Emergency: (____) _____

E-Mail Address: _____

Is customer or any family member currently enrolled in any JIS program? YES NO

If so, which program(s): _____

Does the customer have any allergies or medical conditions? YES NO

If yes, please describe? _____

Release of Liability Agreement

I am aware that participating in any ice, court, turf, off-ice or any other sport related class, program or event offered at Skate World, Inc. d/b/a Jacksonville Ice & Sportsplex (hereafter referred to as JIS) involves danger and risks including, but not limited to the danger and risk of collision with other participants or man-made objects (dasher boards, ice surface, goals, brooms, poles, court surface, balls, etc.), and the risk of serious injury and/or death and/or property damage. I freely accept and fully assume all such dangers and risks. _____ Initial
In consideration of JIS, event managers, sponsor(s), rink owner, their directors, officers, employees, coaches, referees and any other volunteer associated with the program (hereinafter referred to as "Releasees") permitting my participation in a class or program, I further agree as follows: (1)To abide by JIS's rules and procedures while participating in all activities. (2)To waive any and all claims that I may have against the Releasees. (3)To release Releasees from any and all liability for any loss, damage injury or expense that I may suffer or that my next of kin may suffer as a result of my participation in the program due to any cause whatsoever, including any negligence of the Releasees or otherwise. (4)To hold harmless and indemnify the Releasees from any and all liability for any property damage or personal injury to any third party, resulting from my participation in the program. (5)That this release of liability shall be effective and binding upon my heirs, next of kin, executors, administrators, and assigns in the event of the participant's death. (6)I warrant that I am in good physical health and I have no physical condition that may affect my performance or my ability to participate in the activity or that may create a greater risk of injury. I have read and agree to the Release of Liability Agreement prior to signing it, and I am aware that by signing this release of liability I am waiving certain legal rights which I or my heirs, executors, administrator and assigns may have against the Releasees. By signing this document you will waive legal rights, including the right to sue. _____ Initial

FULL NAME _____

SIGNATURE _____

If minor, Legal Guardian Signature