



**ICE SKATING RINK
PARTICIPANT
-- READ BEFORE SIGNING --**



In consideration of being allowed to participate in any way in the SUPERIOR program, related events and activities of PUBLIC SKATING, I _____, the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown of my participation in PUBLIC SKATING EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation in PUBLIC SKATING. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE SUPERIOR ICE RINK their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

Furthermore, the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and spreads from person-to-person contact.

Superior Ice Rink has put in place preventative measures to reduce the spread of communicable diseases; however, we cannot guarantee that you or your child(ren) will not become infected while attending our facilities. While we've implemented reasonable preventive measures, we depend on each and every visitor and their families to follow the guidelines from the Center of Disease Control, and all applicable federal, state, and local health department guidelines, rules, laws, and regulations before and while visiting our premises. We are all in this together and rely on each other to adhere to the above-mentioned guidance and legal restrictions. The undersigned fully understands and acknowledges both the known and potential dangers of utilizing our facilities, services, and programs and acknowledge that use thereof by the undersigned and/or such participating children may, despite our reasonable best efforts to mitigate such dangers, result in exposure to communicable diseases, which could result in quarantine requirements, serious illness, disability, and/or death.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

x _____ Date Signed: _____ Age: _____
PARTICIPANT'S SIGNATURE

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

x _____ Date Signed: _____
PARENT/GUARDIAN SIGNATURE

EMERGENCY PHONES # (s) _____



Customer Covid-19 Self Checklist

Please review this Covid-19 self checklist before entering Superior Ice Rink.

If YES to any of the questions below, STAY HOME. If you start to feel sick while attending Superior Ice Rink, please notify the manager on staff immediately, return home and contact your health care provider.

Please check yes if you've had any of these symptoms in the last 14 days.

Do you have a fever (temperature over 100.3) with out having taken any fever reducing medications?

Yes

NO

Loss of smell or Taste

Yes

No

Muscle Aches?

Yes

NO

Sore throat?

Yes

No

Cough?

Yes

No

Shortness of Breath?

Yes

NO

Chills?

Yes

No

Headache?

Yes

No

Have you experienced symptoms such as nausea, Vomiting, diarrhea or loss of appetite?

Yes No

Have you or anyone you have been in close contact tested positive for covid-19 or been placed on quarantine for possible contact with COVID-19 in the last 14 days?

Yes No

Have you been asked to self-isolate or quarantine by a medical professional or local public health official?

Yes No

Have you traveled within a state with significant community spread of Covid-19 for longer then 24 hours within the past 14 days?

Yes No

Initial here

If any of the above circumstances change, please notify Steve Rizer (Stever@superioricerink.com) or Renee (Renee@Superioricerink.com) at Superior Ice Rink immediately.

Temperature: _____

Participants names _____ Signature _____