READ BEFORE SIGNING

PARTICIPANT INFORMATION

NAME:ADDRESS:	IS THE PARTICIPANT A MINOR?	
	YES	NO
ACKNOWLEDGMENT, HOLD HARMLESS AND RELEAS	E AGREEM	<u>ENT</u>
In consideration for the limited license allowing the above-named person who is or wor equipment located in the Carolina Ice Palace ("CIP") facility for any activity (shopping, parking, participating, or coaching in any athletic activity or practice, or a celebration (individually or collectively, an "activity")), I agree to pay the fees determined by any and all rules and regulations established by CIP or otherwise applicable to unusual significant hazard during my presence at the CIP facility, I will immediate nearest CIP employee. To the fullest extent permitted by law, I also release and hold LLC, J & A Associates, LLC, their respective parent companies and affiliates and directors, administrators, members, officers, owners, officials, coaches, employees, v any other participants or attendees (collectively, the "Releasees") from any and obligations, claims, demands, losses or damages that I, or my successors-in-interest or may hereinafter have for all injuries, illnesses, damages, cost or expenses sustained or any of my property or the property of any participants during any activity.	including, visitending any nined by CIP the CIP facilly bring such I harmless i) the each of such olunteers, age all known ar anyone clair	iting, eating, drinking, birthday party or other when due and to abide ities. If I observe any to the attention of the he Carolina Ice Palace, ach entities' respective ents and assigns, and ii) ad unknown liabilities, ning under me or them,
By signing this release, I certify that I am aware of and know of the risks and daincluding but not limited to damage or injury from thrown or batted balls/pucks, bat or omissions of others (intentional or negligent) and I voluntarily assume all risk and on any activity whether on-ice or anywhere else in the CIP facility or parking lots. communicable diseases such as MRSA, influenza, and COVID-19) from the activity significant, including the potential for permanent paralysis and death, and while participation may reduce these risks, the risks of serious injury and illness do exist. ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FRISLEASEES or others, and assume full responsibility for my participation.	s/sticks or oth dangers assoc The risks of vities involve cular rules, ed I KNOWIN	ner objects, and/or acts iated with participation injury and illness (ex: ed in this program are quipment, and personal NGLY AND FREELY
I HAVE READ, OR HAD EXPLAINED TO ME, THIS ACKNOWLEDGMENT, HAGREEMENT, FULLY UNDERSTAND ITS TERMS, HAVE FULL AUTHORIT AGREEMENT, UNDERSTAND THAT I ACCEPT THESE RISKS AND RESPOUP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND INDUCEMENT.	Y TO BIND NSIBILITIES	THE SAME TO THIS AND HAVE GIVEN
PARTICIPANT'S SIGNATURE		
FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME)		
This is to certify that I, as parent/guardian with legal responsibility for this partic provisions in this Acknowledgment , Hold Harmless and Release Agreement to the activity at CIP and his/her responsibilities for adhering to the rules and regul understands and accepts these risks and responsibilities. I for myself, my spouse, and his/her release provided above for all the Releasees and myself, my spouse, and indemnify and hold harmless the Releasees from any and all liabilities incident to m or participation in these activities as provided above, EVEN IF ARISING FROM T extent permitted by law.	my child/ward ations. Furthed child/ward dechild/ward dechild/ward decy y minor child	I including the risks of ermore, my child/ward to consent and agree to o release and agree to I's/ward's involvement
X Date : PARENT/GUARDIAN'S SIGNATURE		
PARENT/GUARDIAN'S SIGNATURE		