



Chicago Blackhawks Blind Hockey

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LIABILITY WAIVER FORM

WAIVER, PARENTAL WAIVER AND RELEASE OF LIABILITY

I, the undersigned, parent or legal guardian, acknowledge the inherent risk involved in ice skating and all sports relating thereto. Accordingly, inconsideration of myself, or my child being allowed to participate in any skating activities and/or other Blackhawks Blind Hockey activities at the ice rink facility commonly known as “**Center Ice of Dupage**”, located at **1N450 Highland Ave, Glen Ellyn, IL 60137**, agree to the following:

1. I ACKNOWLEDGE AND FULLY UNDERSTAND THAT I (and/or my custodial child/ren) WILL BE ENGAGING IN ACTIVITIES THAT INVOLVE RISK OF SERIOUS INJURY WHICH MAY RESULT NOT ONLY FROM MY (and/or my custodial child/ren’s) ACTIONS, BUT ALSO FROM THE ACTION, INACTION OR NEGLIGENCE OF OTHERS; AND FURTHER, THAT THERE MAY BE RISKS NOT KNOWN TO ME OR NOT REASONABLY FORESEEABLE. I ALSO ACKNOWLEDGE AND FULLY UNDERSTAND THAT I (and/or my custodial child/ren) CANNOT PARTICIPATE IN ANY ACTIVITIES IF I (and/or my custodial child/ren) HAVE RECENTLY SUFFERED FROM ANY FEVER, SORE THROAT, VOMITING, DIARRHEA OR ANY OTHER COMMUNICABLE SYMPTOMS OR HAVE BEEN EXPOSED RECENTLY TO SOMEONE WITH THESE SYMPTOMS. I FURTHER ACKNOWLEDGE THAT OTHER PARTICIPANTS IN THESE ACTIVITIES MAY BE INCUBATING DISEASES INCLUDING COVID-19, AND MAY BE CAPABLE OF SPREADING DISEASE TO OTHERS.
2. ON BEHALF OF MYSELF (and/or my custodial child/ren), I AGREE TO ASSUME ALL THE FOREGOING RISKS AND ACCEPT PERSONAL RESPONSIBILITY FOR MY OWN DAMAGES FOLLOWING SUCH INJURY OR SICKNESS.
3. ON BEHALF OF MYSELF (and/or my custodial child/ren), I RELEASE, DISCHARGE, WAIVE AND COVENENT NOT TO SUE CHICAGO BLACKHAWKS BLIND HOCKEY ORGANIZATION, AMATEUR HOCKEY ASSOCIATION OF ILLINOIS (AHA), AND ALL THEIR RESPECTIVE AGENTS, AFFILIATES, ASSOCIATES, OFFICERS, DIRECTORS, OWNERS AND EMPLOYEES (collectively “Releasees”) FROM DEMANDS, LOSSES OR DAMAGES ON ACCOUNT OF ANY SICKNESS, INJURY, DEATH OR DAMAGE TO PROPERTY, CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY RELEASEES OR ANY OTHER PARTY’S ACTIONS, INACTION OR OTHERWISE; AND AGREE TO INDEMNIFY RELEASEES FROM ANY AND ALL THIRD PARTY CLAIMS CAUSED IN WHOLE OR IN PART BY MY (and/or my custodial child/ren’s) ACTIONS.

I have read the above Waiver and Release and understand that by signing below, I have given up substantial rights on behalf of myself (and/or my custodial child/ren).

Printed Name of Participant: _____

Printed Name of Parent or Legal Guardian: _____

Signature of Participant, Parent or Legal Guardian: _____

Date: _____