

1 Grigg Lewis Way Lockport, NY

WWW.CORNERSTONEICEARENA.COM

716.438.7698

GENERAL RELEASE

Signature (Participant or parent/legal guardian): __

OLNEINAL NELLASE	
located at the Lockport Ice Arena & Sports Center (hereafter, the "Pr	, 2020, in consideration of the opportunity to utilize the ice arenas rogram"). The undersigned, on behalf of him/herself as participant, or as the "Participant"), hereby (i) acknowledges that any monies due for the ees as follows:
Participant, as well as such parent or legal guardian on his/her own behalf, and of kin, and assigns hereby agrees to release, waive, indemnify, forever discharg and their respective sponsors, partners, members, shareholders, director "Releasees"), from and against any and all claims, causes of action, liabilities, k	the Participant is a minor, his/her parent or legal guardian on behalf of said minor l his/her respective personal representatives, executors, administrators, heirs, next is, covenant not to sue, and hold harmless Lockport Ice Arena & Sports Center, Inc.; s, officers, employees, agents, and independent contractors (collectively, the osses, damages, suits, and demands whatsoever (whether or not resulting from, or ry, property damage, and wrongful death occurring in connection with the Program
or legal guardian on his/her own behalf, is aware of and understands the risks hockey drills, and those arising from participating with bigger, faster and stron if the Participant participates in the Program with an age group above that whice could be serious, and agrees to assume all risk of and responsibility for persona	is/her parent or guardian on behalf of said minor Participant, as well as such parent and dangers inherent in the Program including, but not limited to, ice skating and iger participants (with the understanding that these risks and dangers will increase the the Participant would normally participate in), and the potential for injury, which I injury, property damage, and wrongful death of the Participant while participating ithout limitation, any such as may arise from the lack of skill of any participant, the
	and agrees that photographs and/or video may be taken of the Program, which e undersigned, on behalf of himself or herself and Participant, grants to Releasees other purposes without any compensation whatsoever.
	intended to be as broad and inclusive as permitted by the laws of the State of New d, or unenforceable, the balance of this General Release shall, notwithstanding the constitute an admission of any duty or liability on the part of any Releasee.
	has carefully read this General Release, has signed this General Release as arent or legal guardian of the Participant having authority to execute the
Participant Name:	Date of Birth:
Address City, State Zip:	
Email Address:	Phone Number:
Name of parent/legal guardian of minor Participant:	