

Player's name \_\_\_\_\_ Team \_\_\_\_\_

Name \_\_\_\_\_ E-Mail # \_\_\_\_\_  
(Parent/Guardian – Please Print)

Street \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Cell Phone# \_\_\_\_\_ Work # \_\_\_\_\_

**GLOVES & HOCKEY HELMETS WITH MASKS ARE RECOMMENDED FOR ALL SKATING LEVELS.**

In consideration of permission to use, today and on all future dates, the property, facilities and service (Facilities) of Red Bank Armory, Inc., I, the undersigned (Player/Skater), hereby expressly agree:

1) THAT ice skating or the sport of hockey are participation sports and I am fully aware of the risks and hazards involved in or arising from my use or presence upon the facilities. (THAT learning and playing the sport of ice hockey can be, and often times is a contact sport involving intentional and non-intentional physical forceful contact and I am aware of this fact and assume all risks involved. I HEREBY ASSUME ANY AND ALL RISKS INVOLVED IN OR ARISING FROM MY USE OF OR PRESENCE UPON THE FACILITIES, including, without limitation, the risks of bodily injury resulting from collision between myself and another person or a stationary object or a negligent or deliberate act of another.

2) PLAYER/SKATER acknowledges that there are environmental conditions both within the rink and outside of the rink facility that affect freeze/thaw changes as well as ice contraction changes that could, depending upon environmental circumstances cause a slight gap in the perimeter of the ice surface and the rink siding. Player/skater acknowledges that such environmental conditions causing ice contraction are an accepted hazard/risk of the sport of skating/indoor ice hockey and player/skater acknowledge that said conditions are beyond the realm of control of the rink operator and skater/player agrees to use best efforts in conducting his/her own inspection of the rink. Player/skater also acknowledges that this condition of ice contraction can happen quickly and without advance notice to the owner/operator of the rink and player/skater agrees to immediately notify rink attendants of any such gap and/or ice deficiency due to contraction at any point of the perimeter of the rink near the side boards. Player/skater further agrees that because this condition of ice contraction is an accepted risk of the sport of ice skating/ice hockey that beyond the control of the owner/operator that the skater/player agrees to assume full responsibility for any injury sustained by the skater/player as a result of a skate blade being caught in an ice contraction perimeter gap and AGREES TO WAIVE ANY CLAIM OR DAMAGES OF ANY KIND WHATSOEVER in the event that player/skater may sustain as a result of slipping/tripping/having a skate blade caught and/or wedged in said ice contraction perimeter.

3) TO RELEASE RED BANK ARMORY, INC. and all of its successors, assigns, affiliates, officers, directors, employees and agent from, and AGREES NOT TO SUE ANY OR ALL OF THEM on account of or in connection with any claims, causes of action, injuries, damages, costs or expenses arising out of skaters use of or presence upon the facilities, or use of the Red Bank Armory, Inc.'s skates or equipment, including but not limited to those claims for bodily injury, whether or not caused by the negligence of other fault of Red Bank Armory, Inc., or skates or other equipment supplied by the Red Bank Armory, Inc.

4) THIS RELEASE shall be binding upon my heirs, administrators, executors, assigns and legal representatives.

5) TO WAIVE the protection afforded by any statute or law in any jurisdiction whose purpose, substance and/or effect is to provide that a general release shall not extend to claims, material or otherwise, which the person giving this release does not know or suspect to exist at the time of executing the release.

6) IF I IGNORE THIS AGREEMENT AND FILE SUIT, I WILL BE HELD RESPONSIBLE FOR ALL ATTORNEY FEES AND COURT COSTS INCURRED BY RED BANK ARMORY, INC.

7) I HAVE READ AND UNDERSTAND THIS AGREEMENT, I UNDERSTAND THAT BY MAKING AND SIGNING THIS AGREEMENT I SURRENDER VALUABLE RIGHTS, INCLUDING, BUT NOT LIMITED TO, MY RIGHT TO SUE.

SKATING ABILITY LEVEL: BEGINNER \_\_\_\_\_ INTERMEDIATE \_\_\_\_\_ ADVANCED \_\_\_\_\_

HEALTH INSURANCE: YES \_\_\_\_\_ NO \_\_\_\_\_ SKATER'S AGE: \_\_\_\_\_

\_\_\_\_\_  
(DATE) X  
(PARENT/GUARDIAN SIGNATURE)