

International Ice Hockey Academy of Alexei Kasatonov (IIHA)

ASSEPTION OF RISK AND COMPLETE RELEASE FORM

Parent / Guardian Name _____

/Please Print/

Address _____ **City, State, ZIP** _____

In consideration of permission to use, today and on all future dates, the property, facilities and service (Facilities) of IIHA, I the undersigned (Skater), hereby express agree:

- 1) THAT ice-skating of the sport of hockey is participation sport and I am fully aware of the risks and hazards involving in or arising from my use of 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 ob bodily injury resulting from collision between myself and another person or a stationary object or a negligent or deliberate act of another;
- 2) TO RELEASE IIHA and all of its successors, assigns, affiliates, officers, directors, employees and agent from, and AGREES NOT TO SUE ANY OR ALL OF THEM account of or in connection with any claims, causes of action, injuries, damages, costs or expenses rising out of skates use of or presence upon the facilities, or use of IIHA, skates or equipment, including but not limited to those claims for bodily injury, whether or not caused by negligence of other fault of IIHA or skates or other equipment supplied IIHA;
- 3) THIS RELEASE shall be binding upon my heirs, administrators, executors, assigns and legal representatives;
- 4) 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;
- 5) IF I IGNORE THIS AGREEMENT AND FILE SUIT, I WILL BE HELD RESPONSIBLE FOR ALL ATTORNEY FEES AND COURT COSTS INCURED BY IIHA.

I HAVE READ AND FULLY 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.

_____ X _____
(DATE) (Signature)