



5180 Dale Boulevard, Woodbridge VA 22193
703-730-8423 www.pwice.com

EMERGENCY WAIVER & VIDEO/ PHOTO RELEASE

Emergency Authorization:

Prince William Ice Center has my permission to call 911, and/or send my child to the Hospital, and the medical personnel have my permission to provide treatment that a physician deems necessary for the well-being of my child. Prince William Ice Center will make every attempt to contact the Parent/Guardian/Emergency Contacts in the event of such an emergency.

Parent/Guardian Signature: _____ Date: _____

Phone Number: _____ Emergency Phone Number: _____

Amateur Athletic Waiver and Release of Liability: In consideration of being allowed to participate in any way in the athletic/sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce the risk, the risk of serious injury does exist; and
2. I knowingly and freely assume all such risk, both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for my participation; and
3. I willing agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence and participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I for myself and on behalf of my heirs, assign, personal representatives and next of kin, hereby release and hold harmless Prince William Ice Center, their officers, official, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable owner and lessors of the premises used to conduct the event ("releasees"), with respect to any and all injury, disability, death or loss or damage to person or property, whether arising from negligence of the releasees or otherwise.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UN SUBSTANTIAL RIGHTS TO SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of Event: St Thomas Aquinas Regional School Skate Night Date of Event: 9/15/18 6:30pm-8:00pm

Child's Name or Participant's Name

Parent/Guardian Email

Address

City, State

Zip Code

Name of Parent/Guardian

Date Signed

Signature of Parent/Guardian

Emergency Phone Number

Video/Photo Authorization: *I give permission for Prince William Ice Center to include my or my child's photograph or likeness in marketing and/or promotional material. I understand that these become the property of Prince William Ice Center and may be used for commercial purposes.*