



SKATETOWN'S CAMP COOL and HOCKEY CAMP 2010 RELEASE OF LIABILITY & CONSENT TO TREAT FORM

Waiver of Liability, Release, Assumption of Risk & Indemnity Agreement

For and in consideration of participant being allowed to enter onto Skatetown premises and/or to participate in on ice activities at Skatetown, the participant and/or his/her parent(s)/guardian(s) forever release and discharge Roseville Sportsworld, Inc. and all of its shareholders, directors, officers, employees, agents, instructors, coaches, and affiliated entities/companies ("Releasees") from and forever waive any and all liability for and cause(s) of action for personal injuries, property damage or wrongful death occurring to participant arising out of or related to participation in any activity at Skatetown, whether related to on-ice activities, the sport of ice hockey, broomball, activities incidental to those activities, or not.

This waiver and release is intended to be a complete release of Releasees by participant from all liability and to waive any potential right to recover for personal injury, property damage, and wrongful death caused by Releasees, other participants, coaches, officials, sponsors, advertisers, owners and operators of the premises used to conduct any event and each of them, their officers, directors, agents and employees.

Participant and/or participant's parent(s)/guardian(s) acknowledge, understand and agree that this waiver and release includes, but is not limited to, any and all causes of action arising from negligence, the performance or failure to perform maintenance, inspection, supervision or control of the premises and for the failure to warn of dangerous conditions existing on the premises, or negligent supervision or instruction. Participant and/or participant's parent(s)/guardian(s) agree not to sue Releasees to recover for personal injuries, property loss/damage or death arising out of or related to participation in any activity at Skatetown.

Participant and/or participant's parent(s)/guardian(s) acknowledge and understand ice hockey, broomball, other on-ice activities, and off-ice activities on the premises involve risks to participant's person including bodily injury, partial or total disability, paralysis, and death. These risks and dangers may be caused by the negligence of the participant or the negligence of others. Participant and participant's parent(s)/guardian(s) have full knowledge of such risks. It is further acknowledged that there may be risks and dangers not known or reasonably foreseeable at this time to participant or participant's parent(s)/guardian(s). Participant and participant's parent(s)/guardian(s) nevertheless assume all risks arising from the conditions and use of Skatetown's ice rinks and related premises, whether the risks are known or unknown, whether as a participant or non-participant.

Participant and/or participant's parent(s)/guardian(s) agree to indemnify and hold harmless Releasees from all liability, claims, demands, causes of action, charges, expenses, costs and attorney fees arising out of or related to participation in any activity at Skatetown whether caused by any negligent act or omission of participant, Releasees or otherwise.

Participant and/or participant's parent(s)/guardian(s) acknowledge that they have been provided and have read the above paragraphs and have not relied upon any representations of Roseville Sportsworld, Inc., that they are fully aware of the potential dangers of on ice activities, and activities on Skatetown premises, and understand these waivers and releases are necessary to allow on ice sports to exist in their present form. This Waiver of Liability, Release, Assumption of Risk and Indemnity Agreement is effective against the participant, the participant's parent(s)/guardian(s) and each of their heirs, executors, administrators and assigns.

Consent to Treat and Photograph

I hereby certify that I give my consent to Skatetown and its medical representative to obtain medical care from any licensed physician, hospital or clinic for the participant identified below, in the event any injury arises from participating in Skatetown sanctioned events.

I hereby consent and grant Skatetown permission to take photographs or use photos of the participant, and to the perpetual right to use or to put the finished pictures, negatives, reproductions and copies or the original prints and negatives or video tape of him/her and any sound track recordings, and recordings which may be made of his/her voice, including the right to substitute the voice of other persons for his/her voice, his/her name, or likeness, in or in connection with the exhibition,

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advertising, exploitation, or any other use of such photos, video tape/motion picture or recording of his/her voice, to any legitimate use Skatetown may deem proper. I further agree and warrant that I will not disaffirm or disavow said consent and permission on the ground that participant was a minor on the date of execution thereof or any similar grounds whatsoever, or endeavor to recover from Skatetown or through any guardian, any sums other than specified herein, for the use of photos.

By signing below I acknowledge reading and agreeing to the above.

Date

[Name]
Participant

Date

[Name]
Participant's Parent or Guardian

Consent to Treat

This is to certify that on this date, I _____, as parent or guardian of _____, give my consent to Skatetown and its representative to obtain medical care from any licensed physician, hospital or clinic for the above-mentioned minor, for any injury that could arise from participation in Camp Cool.

If said minor is covered by any insurance company, please complete the following:

Name of insurance company: _____

Address: _____

Policy Number: _____ Group Number: _____

Medical History

Name: _____ Date: _____

Address: _____

Birth date: _____

Daytime Phone: _____ Evening Phone: _____

Who to contact in case of an emergency?

Name: _____ Relationship: _____

Daytime Phone: _____ Evening Phone: _____

Physician's Name: _____

Physician's Phone: _____ Hospital of choice: _____

Please complete the following

If the answer to any of the following questions is or was yes, please describe the problem and its implications for proper first aid treatment on a separate piece of paper. Have you had (or do you presently have) any of the following?

	Circle One	
Head injury (concussion, skull fracture)	Yes	No
Fainting spells	Yes	No
Convulsions/epilepsy	Yes	No
Neck or back injury	Yes	No
Asthma	Yes	No
High blood pressure	Yes	No
Kidney problems	Yes	No
Hernia	Yes	No
Diabetes	Yes	No
Heart murmur	Yes	No
Allergies	Yes	No
Specify: _____		

Injuries to:

Shoulder	Yes	No
Knee	Yes	No
Ankle	Yes	No
Fingers	Yes	No
Arm	Yes	No
Other: _____		

Impaired vision	Yes	No
Impaired hearing	Yes	No

Have your son or daughter had a recent tetanus booster? _____ If so, when? _____

Is your son or daughter currently taking any medications? _____ What? Why?

Has the doctor placed any restrictions on your son's or daughter's activities? _____
Explain: _____

Signed: _____ Date: _____
(parent)

Camper's Name: _____