



AVON OLD FARMS SCHOOL
AVON, CONECTICUT 06001
(860) 404-4100
AMATEUR ATHLETIC WAIVER & RELEASE OF LIABILITY



In consideration of being allowed to participate in any way in the Jennings-Fairchild Ice Rinks athletic/sports programs, related events and activities, including but not limited to programs at the Rink and off-site, the undersigned acknowledges, appreciates and agrees that:

1. There is obviously a risk of injury for the participant in this program, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist, and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, and assume full responsibility for my participation.
3. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS AVON OLD FARMS SCHOOL INC., its members, managers, officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event, including, but not limited to, at the Rink, in transit to or from the Rink, or at any premises to which I may be transported in connection with Avon Old Farms School Programs, and all of their successors and assigns. ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT AND FULLY UNDERSTAND ITS' TERMS. I FURTHER UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS FORM, AND HEREBY SIGN IT FREELY, VOLUNTARILY, AND WITHOUT ANY INDUCEMENT.

 Printed Name Address

 City/Town/State/Zip Code

 Participant's Signature

Phone # (H) _____ (W) _____ E Mail Address _____

Date _____

EMERGENCY PHONE# _____ CONTACT PERSON _____

MINOR PARTICIPANT (Under the age of 18 at time of registration)

This is to certify that I, as parent/guardian with legal responsibility for this participant do consent and agree to his/her release as provided above of all Releasees, and, or myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above.

Printed Name _____

Parent/Guardian Signature _____ Date _____

EMERGENCY PHONE# _____ CONTACT PERSON _____