MENTOR CIVIC ARENA
LIABILITY AND MEDICAL RELEASE FORM

Skater's Name: ____________________________________ Parents Name: ___________________________________

Address: ____ Date of Birth: __________________

(City) (Zip)

Home phone: ___________________ Work phone: _________________ Cell phone: _____________________

Other Contact: (Not living with you)

Name: ____ Phone: ____

Known Allergies: ____Medications: __________________________________

List any physical disabilities: ____

++

Medical Insurance: (Policyholder's Name, group numbers, type of service, etc.)

____

Preferred Medical facility for transport: ____

I hereby authorize the bearer of this document to seek any medical attention as might be required for my child in my absence.

____ ____

Parent's Signature Skater's signature, if over 18

In consideration of my participation in any Mentor Civic Arena programs or activity, I acknowledge that I understand the nature of the activity and that I and/or my minor child, am qualified, in good health, and in proper physical condition to participate in such activity. I acknowledge that if conditions are unsafe, I and/or my minor child will immediately discontinue participation in the activity.

I fully understand that skating involves risks of serious bodily injury, including permanent disability, paralysis and death and that these and other risks may be caused by my, or my minor child's own actions, or inactions, those of other participating in the event, the conditions in which the event takes place, or the negligence of the Releases named below, and that there may be other risks either not known to me or foreseen at this time, and I fully accept and assume all such risks and responsibility for losses, costs and damages I or my minor child will incur as a result of participating in this activity.

I hereby release, discharge, and covenant not to sue the Mentor Civic Arena, their respective administrators, directors, agents, officers, volunteers and employees and my sponsors and advertisers of any event in which I participate (each considered one of the Releases herein) from all liability, claims, demands, losses or damages on my account caused or alleged to be caused in whole or in part by the negligence of the Releases. If I, or anyone on my and/or my minor child's behalf, makes a claim which does not arise from the gross negligence of, or intentional, willful or wanton misconduct of Releases against any of the Releases, I will indemnify, defend, save and hold harmless each of the Releases from any loss, liability, damage or cost which may incur as a result of such claim.

I acknowledge that I have read this release, waiver of liability and express assumption of risk agreement and fully understand it.

____

Parent's Signature (Date) Skater Signature (if over 18)

EXPIRES 8/31/2011

EXPIRES 8/31/2011