



Child's Name: _____ Phone: _____

Teacher: _____ Grade: _____

of skaters: _____ x \$12= _____ Time slot please circle: #1 #2

of Skate rental: _____ x \$5 = _____ Skate size(s) _____

of Spectaors: _____ x \$0= \$0 Total enclosed \$ _____

of Gift Basket raffle tickets: _____ x \$5 = _____ Check#: _____

*Distribution of this flyer does not constitute endorsement of an event or organization and/ or agreement with the material content by the District or Board of Education.

PARTICIPANT

--READ BEFORE SIGNING--

In consideration of being allowed to participate in any way in Peconic Ice Rinks programs, related events and activities,

I _____, the undersigned, acknowledge, appreciate, and agree that:
(PARENT/GUARDIAN NAME)

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 this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown of my participation in Peconic Ice Rinks programs, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and
3. I willingly agree to comply with the stated and customary terms and conditions for participation in these programs. If, however, I observe any unusual significant hazard during my presence or 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, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Peconic Ice Rinks, Peconic Hockey Foundation, and the Town of Riverhead, their 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 ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I consent to pictures and videos being taken of me by Peconic Ice Rinks and Peconic Hockey Foundation, and understand that such pictures and videos will become the property of Peconic Ice Rinks. They may be used by Peconic Ice Rinks for promotional purposes without the payment of fees or other compensation to me.
6. I understand and have been informed that there are no refunds for programs conducted by Peconic Ice Rinks and Peconic Hockey Foundation.

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

Age: _____ DOB: _____ Date Signed: _____
PARTICIPANT'S NAME (Please Print)

PARTICIPANT'S Signature

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE
(UNDER AGE 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 the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

PARTICIPANT/PARENT/GUARDIAN SIGNATURE Date Signed: _____

EMERGENCY PHONE #(S) EMAIL ADDRESS PIR PROGRAM: _____