



By my signature below, I acknowledge that I am aware of, appreciate the character of, and voluntarily assume the risks involved in participating in all activities associated with roller skating.

By my signature below, on behalf of myself, my heirs, next of kin, successors in interest, assigns, personal representatives, and agents, I hereby:

1. Waive any claim or cause of action against and release from iCreate Studios, its employees, and agents for any liability for injuries to my person or property resulting from my use of the facility or participation in the activity listed above;
2. Agree to indemnify and hold harmless the iCreate Studios, employees, and agents for any claims, causes of action, or liability to any other person arising from my use of the facility or participation in the activity listed above;
3. Consent to receive any medical treatment deemed advisable in the event of injury, accident or illness during these activities; and
4. Acknowledge that a participant under 18 years of age signing below as a minor child, a signature is required by the parent or legal guardian of the minor child to participate.
5. Participant agrees to abide by the "Code of Skater Responsibility", as posted within the skating area, for the use of the skating activation and will follow the instructions of the operating staff. Failure to follow these codes of conduct may result in the termination of participant's use of the skating rink, the rental skates, and the surrounding areas.

I HAVE READ THIS ASSUMPTION OF RISK, WAIVER OF LIABILITY AND RELEASE AGREEMENT. I CONSENT TO MEDICAL TREATMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Participant Printed Name _____

Date of Birth _____

Signature _____

Date _____

Address _____ City _____

State _____

Minors: under 18 years of age

Parent/Legal Guardian Printed Name _____

Relationship _____

Parent or Legal Guardian Signature _____ Date _____