



## WAIVER OF LIABILITY

I agree to waive liability and release any and all claims against RivCan Associates, owner ("Owner") of Stamford Twin Rinks(the "Facility"), its officers, employees and agents for injuries and damages suffered by myself or my children 18 or under, for whom I am signing, during programs at the Facility or while at the Facility for any other reason, whether on or off the ice. I acknowledge that ice skating and other physical activities at the Facility involve risk of serious bodily injury. I fully accept and assume all risks and all responsibility for all losses and damages incurred as a result of my participation and my children's participation in these activities. I have read the Rules of the Stamford Twin Rinks and will abide by them. I have explained the Rules to my children. I agree that the staff of the Facility may require the withdrawal from any session of any skater who violates the Rules.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Legal Guardian \_\_\_\_\_  
(if applicant is under 18)

For office use:

Date received \_\_\_\_\_

Class card information entered \_\_\_\_\_