

Emergency Phone Number: (_____) _____ Date: _

Release of Liability and Waiver of All Claims 2017 Stillwater's Winter Wonderland Ice Skating

Winter	Age: Under 18 18-24 25-34 35-45 46+			
WONDERLAND		put us?		-
Name of Participant:		Contact Phone Number: (·)	
Mailing Address:		Email Address:		
City:		State:	Zip:	
The Participant and/or their parent(s) or one physically demanding activity. In consider and all surrounding areas Participant and or death while Participant is participating in	ration of the opportunity /or their parent(s) or gua	to participate and/or use Still ardian assumes full responsib	water's Winter Wonderlar	nd ice skating rink
Participant and/or their parent(s) or guard and/or property damage they may have a the ice rink, and their respective subsidiar volunteers (hereinafter collectively refer Wonderland ice skating rink and all surrou	gainst Visit Stillwater OK ries, affiliates, partners, or red to as "Winter Wor	Inc., City of Stillwater, Ice Conficers, directors, employees	Challenges Enterprises, In , agents, managers, coun	c., all sponsors of ncil members, and
Participant and/or their parent(s) or guardi damage, or expense the Participant or the of the ice skating rink, from any cause wh part of Winter Wonderland in regard to s condition of the ice surface, or of the ice ri	eir respective heirs, assion hatsoever, including but Stillwater's Winter Wond	gns, and legal representatives not limited to, active or passi derland ice rink, in the opera	s may suffer as a result of ve negligence or breach	f Participant's use of contract on the
Participant agrees to abide by the "Code of follow the instructions of the operating Participant's use of the ice skating rink, the refund, all within the sole discretion of Win	staff of the rink. Failui he rental of ice skates, t	re to follow these codes of	conduct may result in t	he termination of
Participant and/or their parent(s) or guard records taken while on the ice skating rink				
BY SIGNING THIS RELEASE OF LIA WONDERLAND FROM ANY POTENTIAL NEGLIGENCE ON THE PART OF WINTE	L CLAIMS FOR ACTIVE			
Participant's Signature:		Age:	Date:	
For PARTICIPANT UNDER 18 YEARS OF	F AGE			
This is to certify that I, a parent or gua as provided above. I release and agre Inc., and all sponsors of the Stillwater's officers, directors, employees, agents, minor child's involvement or particip NEGLIGENCE OF Visit Stillwater OK, In Winter Wonderland ice skating rink, to the state of	e to indemnify Visit St s Winter Wonderland ic , managers, council m pation in ice skating nc, City of Stillwater, a	illwater OK, Inc., City of Sti e skating rink, and their res embers, and volunteers fro activities, even IF ARISI nd Ice Challenges Enterpris	illwater, and Ice Challen spective subsidiaries, aft om any and all liabilities NG FROM THE ACTIV	ges Enterprises, filiates, partners, s incident to my 'E OR PASSIVE
Parent/Guardian Signature:			_	

