

**Winter Garden Ice Arena, LLC
High School
Waiver & Release, Consent to Treat**

Mailing Address: 111 Prospect Ridge, Ridgefield, CT 06877 **Phone:** 203.438.4423 **Fax:** 438.3108 www.WinterGardenArena.com

Last Name	Father	Mother	
Address		email Address - required	
Town	State/Zip	Home Phone	
Father Cell Phone	Mother Cell Phone	Father Work Phone	Mother Work Phone

Participant(s)

First Name	Birthdate	Affiliation
		Wilton High School
		Wilton High School

Release & Consent

In consideration of being allowed to participate in any way at Winter Garden Ice Arena, LLC. as a member of a Wilton High School Hockey Team, and related events and activities, including all aspects of the use of private locker rooms, locker room hall, showers and stairways, the undersigned member and/or parent/guardian for minor age members:

1. Acknowledge and fully understand that each participant and/or observer will be engaging in activities that involve risk of serious injury, including permanent disability and death which might result not only from their own actions, inactions or negligence, but the action, inaction or negligence of others, Winter Garden Ice Arena, LLC, or Webdale Realty, LLC, the rules of play, or the conditions of the premises, or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseen at this time.
2. Assume all the forgoing risk and accept personal responsibility for the damages following such injury.
3. Release, waive, discharge, and covenant not to sue Winter Garden Ice Arena, LLC, and Webdale Realty, LLC, their administrators, directors, agents, business affiliates, other employees of the organization, and other members, from all liabilities to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property whether incurred on the ice or otherwise in or about the building or grounds, whether caused by negligence of Winter Garden Ice Arena, LLC, or Webdale Realty, LLC, or alleged to be caused, or caused by the negligence of the releasees; or traveling related to Winter Garden Ice Arena, LLC. programs, caused or alleged to be caused in whole or in part as a result of participation in or observation of skating, hockey, or other activities.
4. Grant permission, if I/we the undersigned parent(s) or guardian(s) cannot be reached for any said person to obtain medical care and treatment from any physician, nurse, ambulance attended, hospital or medical clinic, should the undersigned become ill or injured during skating, or related activities.
5. Acknowledge that the private locker room, and the stairs leading to the locker room area are for use by Wilton High School players and coaches only. Parents and friends are not permitted.

I/We have read, understand and agree to the above and Winter Garden Ice Arena, LLC. Policies, and sign it voluntarily.

Participant Signature Required _____ Date _____

Parent Signature Required _____ Date _____

Parent Signature Required _____ Date _____