Note to parents & youth leaders: Please disregard the event time listed on this waiver. It only reflects the time that Blitz will be reserving the Metro Ice facility, but does not accurately reflect the actual start and end time of Blitz. For the actual start and end time of the event, please see your church's website or promotional materials.

Metro Ice Sports Facility

PARTICIPANT WAIVER

	of being allowed to participate in any way in the Blit	z All-Nighter event hosted by Valley Church on acility, I, the
	knowledge, appreciate, and agree that:	(enter skaters name above)
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 the event listed above, 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 custo	omary terms and conditions for participation in the event
		nificant hazard during my presence or participation, I will the attention of the nearest staff member immediately;
applicant understand sporting and athletic injury as a result of p Facility and forfeiture	half and for the benefit of the participant(s), hereby applies to Me ds and hereby acknowledges that there is the risk of serious and po contest, including skating. By signing this form, the Applicant and participation in this program. The Applicant and Participant(s) furth	tro Ice Sports Facility, for participation in the program as listed above. The ermanent bodily injury to the Participant(s) as a result of participation in any the Participant(s) agree to assume the risk of serious and permanent bodily ner agree to obey and abide by all rules and regulations of Metro Ice Sports eded revenue for each of its programs, no refunds will be issued for withdrawal
any heirs, assigns, pe AND HOLDS HARMLE Committee Chairpers	the privilege of participation in Metro Ice Sports Facility programs, ersonal representatives and next of kin, hereby expressly acknowle ESS Metro Ice Sports Facility, DM Rink Partners LLC, its Owners, Bo	, the Applicant for himself/herself, and for the participant(s) and on behalf of edges the risk of serious injury from participation in this program, and RELEASES ard of Directors, Officers, Employees, Team Coaches, Team Sponsors, njuries sustained by the Participant(s), or the Applicant, arising out of, or from
materials regarding I may be distributed for	Sports Facility to use photos, and or video of myself, participant(Metro Ice Sports Facility programs or services. Such likenesses will	s), and or my child for whom I have legal guardianship for any promotional not be sold to other parties. Promotional materials bearing these likenesses te and social media. Metro Ice Sports Facility reserves the right to use any
	m, I am expressly stating that I HAVE READ THIS FORM CC conditions, and risks associated with participating in this	OMPLETELY (or have had it read to me) and I fully understand and program.
PARTICIPANTS SIG	SNATURE / NAME OF MINOR PARTICIPANT	DATE
FOR PARENTS/G	UARDIANS OF PARTICIPANTS OF MINORITY AGE	(UNDER AGE 18 AT TIME OF SIGNING)
and, for myself, my h	neirs, assigns, and next of kin, I release and agree to indemnify and	do consent and agree to his/her release as provided above of all the releases, I hold harmless the releases from any and all liabilities incident to my minor SING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent
PARENT/GUARDIA	AN SIGNATURE	DATE
Emergency Co	ontacts:	