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**Waiver and Release of Liability**

Date: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Minor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I acknowledge the contagious nature of COVID (COVID) and that the CDC and many public health authorities still recommend social distancing.

The novel Coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. Iceland Ice Skating Center has put in place preventative measures to reduce the spread of COVID-19; however, Iceland cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, visiting Iceland could increase your risk and your child(ren)’s risk of contracting COVID-19.

I understand the risks of becoming exposed to and/or infected by the COVID may result from the actions, omissions, or negligence of myself and others, including, but not limited to Iceland staff and Iceland patrons and their families. I accept these risks for myself and my family.

I voluntarily seek services provided by Iceland and acknowledge that I may be increasing my risk of exposure to the COVID. I acknowledge that I must comply with all set procedures to reduce the spread while attending and/or participating.

I attest that I and my minor child, if applicable:

• Am/are not experiencing any symptoms of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.

• Have not traveled internationally within the last 14 days.

• Have not traveled to a highly impacted area within the U.S. in the last 14 days.

• Do not believe that I/we have been exposed to someone with a suspected and/or confirmed case of the COVID.

• Have not been diagnosed with COVID and not-yet cleared as non-contagious by state or local public health authorities.

• Am/are following all CDC recommended guidelines as much as possible and limiting my/our exposure to the Coronavirus/COVID -19.

I hereby release and agree to hold Iceland Ice Skating Center harmless from, and waive on behalf of myself, my heirs and any personal representatives, any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by an act, or failure to act of Iceland Ice Skating Center, or that may otherwise arise in any way in connection with entering the premises and/or services received from Iceland Ice Skating Center. I understand that this release discharges Iceland Ice Skating Center from any liability or claim that I, my heirs, or any personal representatives, may have against the ice skating facility and its staff with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from Iceland Ice Skating Center. This liability waiver extends to the ice skating facility together with all parties involved with managing and directing Iceland Ice Skating Center.

I hereby certify that I am the adult parent or guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a minor child under the age of eighteen years, and I consent to his/her participation in activities at Iceland Ice Skating Center. I have read, understand, and agree to the above.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_