



**GENERAL LIABILITY WAIVER**

**Medical:** It is the responsibility of the undersigned (the Participant) to ensure that they are medically fit to participate in strenuous on-rink, or off-rink activities required during all activities associated with TKR. ALL skaters are required to provide their own helmet, check their skates, and all other equipment before entering the rink floor. If you know that yourself or the person you are responsible for is not capable of doing the above, then do not participate.

**Skating Equipment:** The undersigned must take full responsibility that the named Participant properly wears the following **MANDATORY** safety equipment during all TKR ACTIVITIES: **Helmet**. Eyeglasses must have plastic shatterproof lenses. All roller skates must be rink-safe, meaning that their use must not gash, indent or blemish the skating surface or cause property damage. All equipment liabilities thereof are undertaken by the undersigned.

**Conduct:** Participants signing this waiver must behave in a respectful manner to both person and property during skating activities. Behavior, which could potentially lead to intentional or unintentional bodily injury or damage to property, will not be

Tolerated and questionable behaviors will be reviewed by Kate’s Skating Rinks, AND TKR Coaches. If the behavior is found unacceptable, this may result in a participant’s expulsion from the premises and all future sessions and TKR activities.

I HAVE READ AND UNDERSTAND THE TERMS OF THIS AGREEMENT, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE, ORAL OR WRITTEN, AND INTEND THIS AGREEMENT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW. I DO NOT HOLD KATE’S SKATING RINKS OR ANY MEMBERS OF TKR LIABLE FOR ANY INJURY, DEATH, OR OTHER EVENT THAT MAY OCCUR DUE TO SKATING INJURY, EQUIPMENT FAILURE, ETC.

X

\_\_\_\_\_  
PARTICIPANTS FULL PRINTED NAME

X

\_\_\_\_\_  
IF MINOR PARENT PRINTED NAME

X

\_\_\_\_\_  
SIGNATURE OF CONSENT BY PARTICIPANT  
OR PARENT IF PARTICIPANT IS UNDER 18

EMERGENCY CONTACT INFO:	
PLEASE PROVIDE PHONE NUMBER AND NAME	