



physically fit and/or adequately skilled for ice-skating activities. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claim for injuries, damages or loss in which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services and vehicle operations, when provided).

I recognize and acknowledge that there are certain risk of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against the Village of Dennison, OH, including its officials, agents, volunteers and employees.

Initials

Please type your name initials:

I further agree to defend, indemnify, and hold the sponsoring organization harmless against any and all liability, loss, expense, including reasonable attorneys' fees, or claims for injury or damages arising out of my participation (or my minor child/ward's participation) in this activity; but only in proportion to and to the extent such liability, loss, expense, attorney's fees, or claims for injury or damages are caused by or result from my or my minor child's /ward's act(s) or omission(s).

Initials

Please type your name initials:

I have read and fully understand the above important information, warning of risk, photo/video policy, and assumption of risk and waiver and release of all of all claims, and indemnification agreement.

Initials

Please type your name initials:

Please fill in your email:

---

E-mail

Your signature:



Upload your Identification:



Upload Capture

SUBMIT