

Samantha C. Smith Fund

Waiver of Liability, Release Assumption of Risk & Indemnity Agreement

For and in consideration of participant's registration with The Samantha C. Smith Charitable Fund, Auburn, New Hampshire, Daniel and Anita Roy, its affiliates, local association and member teams (hereafter "SCS Fund") and being allowed to participate in SCS Fund events and member team activities, the parent(s) or legal guardian(s) of participant relinquish any and all liability for and cause of action for personal injury, property damage or wrongful death occurring to participant arising out of participation in SCS Fund events, member team activities, ice skating, the sport of ice hockey, and/or activities incidental thereto, whenever or however they occur and for such period said activities may continue, and by this agreement any such claims, rights and causes of action that participant may have are hereby relinquished and the participant (or parent(s)/guardian(s) does (do) so on behalf of my/our heirs, executors, administrators and assigns.

Participant and/or participant's parent(s)/guardian(s) acknowledge, understand and freely agree to assume all risks inherent in ice skating, ice hockey and any member team activities, and understand that said sports and activities involve dangers and hazard risks to participant's person including bodily injury, partial or total disability, paralysis, and death, and damages which arise there from and that I/we have full knowledge of such risks. These risks and dangers may be caused by negligence of the participant or the negligence of others, including the "releases" identified below. Also, acknowledge that there may be risks and dangers not known to us or are not reasonably foreseeable at this time.

Participant and/or participant's parent(s)/guardian(s) acknowledge, understand and assume all risks, if any, arising from the conditions and use of ice hockey rinks and related premises and acknowledge and understand that included within the scope of this waiver and release is any cause of action arising from the performance, or failure to perform, maintenance, inspection, supervision or control of said areas and for failure to warn of dangerous condition existing at said rinks, for negligent selection of certain releases, or negligent supervision or instruction by releases.

Participant or participant's parent(s)/guardian(s) agree if any claim for participant's personal injury or wrongful death is commenced against releases, he/she shall defend, indemnify and save harmless releases from any and all claims or causes of action by whomever or wherever made or presented for participant's personal injuries, property damage or wrongful death.

It is the purpose of this agreement to exempt, waive and relieve releases from liability for personal injury, property damage, and wrongful death caused by negligence, including the negligence, if any, of releases. 'Releases' include SCS Fund, Daniel and Anita Roy, its affiliates, its affiliate associations, local associations, member teams, event hosts, other participants, coaches, officials, sponsors, advertisers, owners and operators of the premises used to conduct any event and each of them, their members, shareholders, representatives, officers, directors, agents and employees.

Participant and/or participant's parent(s)/guardian(s) acknowledge that they have been provided and have read the above paragraphs and have not relied upon any representations of releases, and they are fully advised of the potential dangers of ice skating and ice hockey and any member team activities and understand these waivers and releases are necessary to allow amateur ice skating and ice hockey to exist in its present form.

Photo Release: I hereby grant The Samantha C. Smith Fund permission to use my likeness in photograph(s) in any and all of its publications and in any and all other media, whether now known or hereafter existing, controlled by The SCS Fund in Auburn, in perpetuity. I will make no monetary or other claim against The SCS Fund for the use of the photograph(s).

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| _____ PARTICIPANT NAME , please print | | _____ DATE OF BIRTH | |
| _____ STREET ADDRESS | _____ TOWN | _____ STATE | _____ ZIP |
| _____ E-MAIL ADDRESS | (_____)_____ AREA CODE + PHONE NUMBER | | |
| _____ SIGNATURE | | _____ DATE SIGNED | |

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| <input type="checkbox"/> Learn to Skate | <input type="checkbox"/> Public Skating | <input type="checkbox"/> Birthday Party |
| <input type="checkbox"/> Learn to Play Hockey | <input type="checkbox"/> Camps & Clinics | <input type="checkbox"/> Freestyle & Moves |
| <input type="checkbox"/> Mite Instructional League | <input type="checkbox"/> Power Skating | <input type="checkbox"/> Tournament |
| <input type="checkbox"/> House League | <input type="checkbox"/> Adult League | <input type="checkbox"/> Other _____ |

(PARENT OR GUARDIAN SIGNATURE if participant is 17 years of age or younger)