



ACTIVITY WAIVER

ASSUMPTION OF RISK: I am aware that participating in volleyball or any other activity involves certain inherent risks, dangers and hazards which can result in serious personal injury or death.

I certify that I am sufficiently physically fit to participate and have not been advised otherwise by a qualified medical person.

I hereby freely agree to assume and accept all known and unknown risks of injury arising out of playing volleyball or any other activity at this establishment.

I hereby take action for myself, executors, administrators, heirs, next of kin, successors, and assign as follows: Waive, Release, Discharge, and Agree NOT TO SUE from any and all liability for any death, disability, personal accrue to me as a result of me participating in any activity.

The following persons or entities: Steinberg Skating Rink, LASAK, Inc, its agents, employees, and all representatives; INDEMNIFY and HOLD HARMLESS the persons and entities mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of my participation.

I will abide by the responsibility code and use common sense.

I hereby certify that I have read this document and I understand its contents,

Print Name: _____

Signature: _____

Date: _____