



PLAYER INFORMATION & WAIVER/RELEASE OF LIABILITY FORM

Participant's Name: _____

Team Name: _____

Age Division: _____ Gender: _____ Date of Birth: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail address: _____

Do you have any medical conditions we should be aware of? (Explain in detail) _____

**ICEOPLEX AT SOUTHPOINTE
WAIVER AND RELEASE FORM**

I understand that I will be participating in activities that involve serious risk of injury, including permanent disability and severe social and economic losses, which might result from my own actions, from the actions of others, from the rule of play, or from the condition of the competition area and/or the related facilities or equipment used in the activities in which I will be participating. I also understand that there may be other risks not known to me or not reasonably foreseeable at this time. I assume all of the forgoing risks and accept personal responsibility for any resulting injury, permanent disability or social and economic losses.

I hereby release, waive and discharge Southpointe Rink Associates, L.P., Iceoplex at Southpointe LLC, and their respective owners, employees, agents, officers, directors, partners, members and representatives (collectively the "released parties") from, and agree not to sue any such released parties for, any claims demands, losses or damages which result on account of any injury, permanent disability or social or economic loss caused by, or alleged to have been caused by, in whole or part, any cause whatsoever, except for the sole negligence of any such released party.

I have read this document and understand that I have given up substantial rights by signing it. I have signed it voluntarily, intending to be legally bound, and understand that my execution of this document is an express requirement for my participation in activities at the Iceoplex at Southpointe facility. This waiver and release shall remain in effect for all activities in which I participate at the Iceoplex at Southpointe on or after the date that I have executed this form.

Parent/Guardian Names: _____

Parent/Guardian's Signature: _____ Date: _____

**ICEOPLEX AT SOUTHPOINTE, 114 SOUTHPOINTE BLVD. SUITE 100, CANONSBURG, PA 15317
724-745-6666 FAX: 724-745-6755 www.iceoplexatsouthpointe.com**