

320 East 1st Street Bethlehem, PA 18015 (610)-625-4774

www.steelicecenter.com

PARTICIPANT RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

READ BEFORE SIGNING

Organization Name:		
Participant Name:		
In consideration of being allowed to participate in an activities, I the undersigned, acknowledged. The risk of injury from the activities involved in this protential for permanent paralysis and death.	e, appreciate, an	nd agree that:
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RIS ARISING FROM THE NEGLIGENCE OF THE RELEASES for my participation.		
3. I willingly agree to comply with terms and conditions significant hazard during my presence or participation, bring such to the attention of the nearest official immed	I will remove my liately.	self from participation and
4. I, for myself and on behalf of my heirs, assigns, person HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Beth Sketh	•	·
Realty LLC, its officers, officials, agents and/or employed advertisers, and, if applicable, owners and lessors of prediction (RELEASEES), from any and all claims, demands, lossed any INJURY, DISABILITY OR DEATH I may suffer, or loss WHETHER ARISING FROM THE NEGLIGENCE OF	ees, other partici emises used to es, and liability a	ipants, sponsors, conduct the event rising out of or related to
THE RELEASEES OR OTHERWISE, to the fullest extent I HAVE READ THIS RELEASE OF LIABILITY AND ASSUUNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY	MPTION OF RISI E GIVEN UP SUE	K AGREEMENT, FULLY BSTANTIAL RIGHTS BY
X	Age	 Date
FOR PARENTS/GUARDIANS OF PART (UNDER AGE 18 AT TIME OF I) This is to certify that I, as parent/guardian with legal result and agree to his/her release as provided above of all assigns, and next of kin, I release and agree to indemnany and all liability incidents to my minor child's involvas provided above, EVEN IF ARISING FROM THE NE fullest extent permitted.	FICIPANT OF MIN REGISTRATION) sponsibility for t the Releasees, a nify and hold har vement or partic GLIGENCE OF 1	NOR AGE his participant, do consent and, for myself, my heirs, mless the Releasees from sipation in these programs

Date

Emergency Phone Number(s)

Parent/Guardian Signature