## MENTOR CIVIC ARENA CAMP LIABILITY AND MEDICAL RELEASE FORM

| Skater's Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Parents Name:         |                    |                                                   |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------|---------------------------------------------------|--|--|--|
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                    | Date of Birth:                                    |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (City)                |                    |                                                   |  |  |  |
| Home phone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Work phone:           |                    | Cell phone:                                       |  |  |  |
| Other Contact: (Not living with you)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                       |                    |                                                   |  |  |  |
| Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       | Phone:             |                                                   |  |  |  |
| Known Allergies:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Medications:          |                    |                                                   |  |  |  |
| List any physical disabilities:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                       |                    |                                                   |  |  |  |
| ++++++++++++++++++++++++++++++++++++++                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                       |                    | ++++++++++++++++++++++++++++++++++++++            |  |  |  |
| Preferred Medical facility for transport:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                    |                                                   |  |  |  |
| I hereby authorize the bearer of this absence.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | document to seek      | any medical atter  | ntion as might be required for my child in my     |  |  |  |
| Parent's Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                       |                    | Skater's signature, if over 18                    |  |  |  |
| In consideration of my participation in any Mentor Civic Arena programs or activity, I acknowledge that I understand the nature of the activity and that I and/or my minor child, am qualified, in good health, and in proper physical condition to participate in such activity. I acknowledge that if conditions are unsafe, I and/or my minor child will immediately discontinue participation in the activity. I fully understand that skating involves risks of serious bodily injury, including permanent disability, paralysis and death and that these and other risks may be caused by my, or my minor child's own actions, or inactions, those of other participating in the event, the conditions in which the event takes place, or the negligence of the Releases named below, and that there may be other risks either not known to me or foreseen at this time, and I fully accept and assume all such risks and responsibility for losses, costs and damages I or my minor child will incur as a result of participating in this activity.  I hereby release, discharge, and covenant not to sue the Mentor Civic Arena, their respective administrators, directors, agents, officers, volunteers and employees and my sponsors and advertisers of any event in which I participate (each considered one of the Releases herein) from all liability, claims, demands, losses or damages on my account caused or alleged to be caused in whole or in part by the negligence of the Releases. If I, or anyone on my and/or my minor child's behalf, makes a claim which does not arise from the gross negligence of, or intentional, willful or wanton misconduct of Releases against any of the Releases, I will indemnify, defend, save and hold harmless each of the Releases from any loss, liability, damage or cost which may incur as a result of such claim.  I acknowledge that I have read this release, waiver of liability and express assumption of risk agreement and fully |                       |                    |                                                   |  |  |  |
| I acknowledge that I have read this reunderstand it.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | elease, waiver of lia | ability and expres | s assumption of risk agreement and fully          |  |  |  |
| Parent's Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (Date)                | )                  | Skater Signature (if over 18)  EXPIRES 05/31/2017 |  |  |  |