

COLORADO SPRINGS WORLD ARENA
**Comprehensive Information, Consent to Treat,
and Assumption of Risk and Liability Waiver Form**

Participant's Name _____ Phone # _____ Birthdate _____

Street Address _____ City _____ Zip _____

The Colorado Springs World Arena facilities, meaning any and all properties, improvements, and areas therein or thereabouts, including, but not limited to, the Arena, Ice Hall, parking lots, locker rooms, entry ways, lobby areas, and concourses, are owned by Colorado Springs World Arena, a Colorado nonprofit corporation ("CSWA"). The person identified above ("Participant") will participate in activities at the Arena, Ice Hall, and/or on other CSWA facilities. If Participant is a minor, such participation is with the permission of their parent or guardian. Such activities may be supervised or unsupervised, but in no event will any of the activities be under the supervision of CSWA or any employee of CSWA.

The following information is solely for the information of CSWA in the event action must be taken under any circumstances pertaining to the Participant.

I. Contact Information:

_____ Home Phone (____) _____ Cell/Bus Phone (____) _____
Spouse's Name

If Participant is a minor:

_____ Home Phone (____) _____ Cell/Bus Phone (____) _____
Father's Name

_____ Home Phone (____) _____ Cell/Bus Phone (____) _____
Mother's Name

_____ Home Phone (____) _____ Cell/Bus Phone (____) _____
Guardian's Name

When parent/guardian cannot be reached or is not available, please contact the following:

_____ Home Phone (____) _____ Cell/Bus Phone (____) _____
Relationship to child _____

While CSWA has absolutely no responsibility with respect to the circumstances of a minor Participant's departure from the CSWA property, if under any circumstance there is a question in this regard that comes to the attention of CSWA or its staff, the following person is authorized to pick up Participant:

_____ *Relationship to child* _____

II. Consent to Emergency Medical Treatment:

Your signature below will allow CSWA to obtain urgent or emergency medical care should such become necessary to protect your (or your child's) health. Reasonable efforts will be made to contact persons identified above immediately if such need arises, but the circumstances may not allow this to be done.

Participant hereby authorizes CSWA to act as my agent to give consent for emergency medical or surgical treatment to me (or my child) by any emergency medical technician, licensed physician or hospital for Participant when such emergency treatment is deemed necessary by such qualified emergency/medical personnel, and Participant or Parent/Guardian cannot be reached within a time that is reasonable under the circumstances.

(CONTINUED ON NEXT PAGE)

Please Complete:

Do you (or your child) have any chronic illness or drug allergies that may interfere with emergency medical or surgical treatment? Yes No

If yes, please explain:

Allergies _____

Other Medical Conditions _____

Medications _____

Physician _____ Bus Phone (____) _____ Cell Phone (____) _____

Street Address _____ City _____ Zip _____

Hospital/Clinic _____

Insurance Company _____ Phone (____) _____

Policy Holder's Name _____ Policy Number _____

THIS AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT MUST BE COMPLETED BEFORE PARTICIPANT CAN PARTICIPATE IN ANY ACTIVITIES ON CSWA PROPERTY. TREATMENT FOR INJURY WILL BE BASED ON INFORMATION PROVIDED HEREIN.

III. Assumption of Risk, Waiver and Release:

The undersigned Participant or Parent/Guardian of the above-identified minor acknowledge and fully understand that Participant will be engaging in activities at the Arena, the Ice Hall and/or other CSWA property, and using equipment, that may involve risk of serious injury, including permanent, temporary, total or partial disability, death, illness or other harm, and that Participant voluntarily engages in such activities with adequate prior knowledge of such risks and dangers.

Such activities may involve ice skating, hockey or other ice sports. Participant or Parent/Guardian acknowledges that participation in ice sports, whether competitive, recreational, or instructional, including use of equipment for such purposes, is a potentially dangerous activity and that inherent in any ice sports is the risk of injury, including through over-exertion or exercise beyond my capability (or that of my child) or from other cause.

If Participant is engaged in a skating program (or other instructional activity) conducted by CSWA, instructors are available to familiarize Participant with the CSWA facilities and equipment used for such program and to assist participant in phases of the program.

I willingly agree to comply with the stated and customary terms and conditions for participation in any CSWA program. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.

Participant or Parent/Guardian agree to and do assume all legal and financial responsibility for (i) any and all risks and dangers associated with such activities, (ii) any and all injuries, damages and losses, whether to person or property, and whether physical, psychological, social or economic, that Participant may in any manner and from whatever cause or sustain in connection with such participation, including such injury or damage that may result not only from his/her own actions, inactions or negligence, but action, inaction or negligence of CSWA or others, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, and (iii) all treatment, hospitalization and other care rendered to Participant in the event of his/her illness, injury or other emergent circumstance in connection with any such participation. Participant or Parent/Guardian assume all the foregoing risks and accept personal responsibility for the damages following such injury, including permanent, temporary, total or partial disability, death, injury, illness or other harm.

(CONTINUED ON NEXT PAGE)

Participant or Parent/Guardian hereby fully and forever release, discharge, hold harmless and agree to indemnify and not to sue CSWA, its employees, directors, officers, volunteers, affiliates, representatives, agents, insurers and their respective successors and assigns, from and against any and all liabilities, losses, claims, demands, litigation, damages and judgments, present or future, known or unknown, valid or invalid, direct or consequential (whether physical, psychological, social, economic or otherwise), together with reasonable costs and attorneys fees which (i) result directly or indirectly from injuries, illness, disability (whether permanent, temporary, total or partial), death or other harm to Participant or Participant's and/or Parent's/Guardian's property, or the property of third parties, and (ii) are caused by or result, directly or indirectly, from Participant's conduct, acts or omissions while participating in any activities on or about CSWA property.

PARTICIPANT HAS READ THE ABOVE ASSUMPTION OF RISK, WAIVER AND RELEASE, AND UNDERSTANDS THAT PARTICIPANT HAS GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS DOCUMENT AND SIGN BELOW FREELY AND VOLUNTARILY. PARTICIPANT ACKNOWLEDGES THAT PARTICIPANT HAS HAD SUFFICIENT OPPORTUNITY TO REVIEW THE PROVISIONS OF THIS DOCUMENT AND UNDERSTAND ITS PURPOSE, MEANING AND INTENT. PARTICIPANT FURTHER UNDERSTANDS THAT THIS DOCUMENT MAY NOT BE ALTERED IN ANY MANNER WITHOUT THE EXPRESS WRITTEN CONSENT FROM CSWA AND THAT IF ANY PORTION OF THIS DOCUMENT IS HELD TO BE INVALID, THE BALANCE SHALL CONTINUE IN FULL FORCE AND EFFECT.

Participant's Signature

Date _____

Parent's/Guardian's Signature *(Parent's/Guardian's Signature is required if Participant is under the age of 18)*

Date _____

Parent's/Guardian's Signature *(Parent's/Guardian's Signature is required if Participant is under the age of 18)*

Date _____