FMC ARENAS
ASSUMPTION OF RISK AGREEMENT FOR INDEPENDENT GROUPS

Please Read Before Signing

By signing this form I hereby acknowledge that I have been made aware of the inherent risks involved in ice sports activities and I knowingly and freely accept those risks. Further, I acknowledge and agree that:

1. The risk of injury from the activities involved in this ice sports program are significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown of my participation in this independent ice sports group and assume full responsibility for my participation and,

3. I willingly agree to abide by the stated and customary terms and conditions for participation in these types of activities at the ice rink. If, however, I observe any unusual condition or hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,

4. I, for myself and on my behalf of my heirs, assigns, personal representatives and next of kin, hereby release Facility Management Corporation and the Commonwealth of Massachusetts, their officers, officials, agents and/or employees ("Releasees"), with respect to any and all injury, disability, death, or loss or damage to persons or property, not arising out of the negligence of the Releasees, to the fullest extent permitted by law.

I have read and understood the above Assumption of Risk Agreement and sign it freely and voluntarily without any inducement.

X_____ _____ _____

PARTICIPANT'S SIGNATURE **DATE SIGNED** **AGE**

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the named Releasees.

X_____ _____

PARENT / GUARDIAN SIGNATURE **DATE SIGNED**

EMERGENCY PHONE #: _____