

COVID-19
WAIVER/RELEASE FORM

Each of the undersigned, on behalf of itself, themselves and each minor child of the undersigned, (Collectively, the “**Participant**”) has requested access as a guest to the **Ristuccia Memorial Arena**, 190 Main St. Wilmington Ma. 01887 (Operated by **Rotondo Enterprises**), **Allied Veterans Arena**, 65 Elm St. Everett Ma(Operated by **R&S Rink Management**), **Janas Memorial Skating Rink**, 382 Douglass Rd. Lowell Ma. and **Graf Skating Rink**, 28 Low St. Newburyport Ma.(Operated by **Sharocks Rink Management**) The participant is voluntarily entering the Arena to utilize the facility or participate in activities there. For signing this COVID-19 Waiver/Release you would be granted access to the Arena. Participants MUST adhere to all Rules, Regulations and Guidelines set forth by, but not limited to, the Arena staff and the State of Massachusetts.

Participants acknowledge that the state of Massachusetts, including the town the arena is located in, is experiencing the COVID-19 Pandemic. COVID-19 is a respiratory disease which has been spreading around the world. Information and guidelines regarding the use of the Arena are changing daily and is the responsibility of the participant to make informed choices to take precautionary measures to protect themselves and others. More information is available at www.coronavirus.gov and www.cdc.gov/coronavirus/2019 as well as through other local and national resources.

Participant hereby acknowledges that he/she is aware of COVID-19 and assumes all risk arising from exposure to it. Participant further acknowledges the the Arena and Management Company can not guarantee that participant will not be exposed to and/or will not be infected with COVID-19, and that such exposure or contraction of CORONAVIRUS may result in personal injury, illness, disability and/or death. Participants further acknowledge that other people including, but not limited to, the owner, its employees and guests, may enter the arena prior to, at the same time or after the participant, which may increase the risk of exposure of COVID-19 tp participant. Owner has not and expressly does not make and participant is not relying upon any representation or warranty, expressed or implied, that the Arena or any employees, patrons, guests are free from COVID-19 or that any particular precautions, actions, preventions or disinfecting has occurred or if it has, is or may not be effective in the prevention of COVID-19 or the exposure there to. Participants agree that it will not enter or shall promptly leave the facility if he/she has COVID-19 or other symptoms of influenza-like illness and shall notify the Arena and Management Company of such symptoms. We reserve the right to refuse entry by participant based upon information received from participant or upon guidelines provided by government authorities, CDC, medical advice or other industry recommendations or government requirements or otherwise pursuant to its own guidelines, regulations or independent determination.

Participant hereby voluntarily acknowledges and assumes all risks to COVID-19. Participant hereby waives, releases, covenants not to sue, discharges and agrees to indemnify, defend and hold harmless owner and each of its affiliates, partners, members, managers, employees, representatives, and agents (owner parties) for, from and against any and all liability, claims, causes of action, damages, losses, cost, expense, illness, injuries, and death (“Claims”) arising out of or related to COVID-19 and/or the access to or use of the Arena by participant. Participant acknowledges and agrees that this waiver, release and indemnification acknowledgment includes any and all claims related to or arising from any actions or omissions (Including negligence of) the Arena and Management Company.

If requested, prior to and as a condition of entering the facility, the participant shall accurately and honestly complete, execute and deliver a health disclosure form related to COVID-19 as provided by the owner and acknowledge that owner is relying on the information provided in the health disclosure in granting such access.

Participant Name Print

Sign (over 18 years of age)

Parent or Guardian Print

Sign (If participant is 17 or under)