

Fall Hockey Skate Programs 2023-2024 Acknowledgment of Risk, Waiver and Release

I, _____ in my legal capacity as the parent or guardian of _____, in consideration of my son's participation in the Fall Hockey Skate Programs (including Fall Conditioning/Fundraising Skates with Chris Gerwig, Captains' Practices, and Pre-Tryout Skates with Gerwig) and related events and activities ("Fall Skate"), acknowledge and agree that:

1. Fall Skate is a voluntary program organized by the parents of the 2023-2024 captains of the Darien High School Boys Ice Hockey Team, as volunteers. The parent-volunteer organizers of the 2023 Fall Skate are: Whitney Lancaster, Elliott Lancaster, Philippa Holland, Tommy Holland, Ashley Schwind, Charlie Schwind (collectively "Parent Volunteers").
2. Fall Skate includes participation in and/or observation of the sport of ice hockey which involves significant risk of injury.
3. I have full knowledge and understanding of the risks associated with my and my son's participation in Fall Skate, including but in no way limited to: (a) athletic injuries; (b) serious physical injury, including and without limitation, permanent paralysis or death; (c) injury to spectators; and (d) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that this list is not inclusive of all possible risks associated with my and my son's participation in Fall Skate and that this list in no way limits the operation of this agreement.
4. Fall Skate programs will be conducted at Darien Ice House and Stamford Twin Rinks, and some will be coached by Christopher Gerwig. I have not relied on any representations of the Parent Volunteers with respect to the Darien Ice House's or Stamford Twin Rinks' facilities or Coach Gerwig's character and skills, but have made my own assessment and find them to be acceptable.
5. COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact and can lead to severe illness and death. I understand that the Parent Volunteers of Fall Skate cannot warrant that I or my son will not be infected with COVID-19 as there is a risk of exposure and infection at any time and any place. I understand that my son's participation in Fall Skate, and my observation of Fall Skate

events and activities, could increase our risk of contracting COVID-19.

6. My son is in good health and has no conditions or impairments which would preclude him from safe participation in Fall Skate. In the event of an emergency requiring medical care, the Parent Volunteers of Fall Skate are hereby authorized to use their best efforts to obtain whatever medical treatment they deem necessary or appropriate under the circumstances.

Waiver and Release

In consideration of _____’s participation in Fall Skate, I, _____ as his parent or guardian, on behalf of myself, my heirs, assigns and personal representatives, agree to waive, release and forever discharge the Parent Volunteers and Christopher Gerwig (jointly the “Releasees”) from any and all causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I may have, now or in the future, against the Releasees on account of personal injury, disability, property damage, death, illness or accident of any kind, arising out of or in any way related to my son’s participation in Fall Skate or my observance of Fall Skate events and activities, however the injury, damage or loss occurs.

I have read this Acknowledgement of Risk, Waiver and Release agreement and fully understand its terms and that I have given up substantial rights by signing it, and sign it freely and voluntarily.

IN WITNESS WHEREOF, this instrument is duly executed this _____ day of _____, in the year 2023

Minor Name (Print Clearly)

Date

Parent/Guardian Signature

Parent/Guardian Name (Print Clearly)

Above said athlete is covered by the following insurance company:

Name of Carrier _____ Policy #: _____

Known medical conditions or allergies:
