



Skating Waiver

September 2023 to August 2024

I know the risk of injury from the activities involved with this facility is potentially significant and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury to me does exist; therefore, I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of others, and assume full responsibility for my participation.

Additionally, I understand and agree to fully comply with the following rules:

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I understand it is the policy of the Idaho Central Arena that anyone on the ice must have read and signed a skating waiver; therefore, I understand that I, and any family members or guests, must first sign this skating waiver before skating or hockey playing will be permitted. (Additional skating waivers may be obtained from the Zamboni driver.)

I will neither bring nor consume any alcoholic beverages in the Idaho Central Arena.

I understand that the Idaho Central Arena has a zero tolerance policy regarding alcohol consumption, and that consuming alcohol within the Idaho Central Arena will result in a fine to the ice rental team.

I will skate only at designated times as authorized by the ice staff at the Idaho Central Arena. I will also follow all Covid protocols as set forth by Central District Health, Idaho Central arena, and Treasure Valley Adult Hockey Association.

I will not access the ice until the Zamboni has finished servicing the ice and the Zamboni doors have been closed.

I understand that the Idaho Central Arena does not encourage participants to either sit on or jump over the dasher boards and that doing so is done at my own risk.

I understand that the Idaho Central Arena reserves the right to refuse ice usage to any ice rental team and/or its participants if the above-mentioned rules are not followed.

I agree to abide by all Covid Protocols set for by Idaho Central Arena staff and I will not attend any event at Idaho Central Arena if I am not feeling well or showing any illness related symptoms.

Signature

Print Name

Date