Glaciarium Release Form

Anyone who wishes to participate in ice skating must complete this form before going onto the ice.
Participation is contigent upon agreement to and execution of this form.
For your convenience, one adult may fill out this form and sign for your entire family.

Your Name			**Are you over 18?** Yes ☐	
Address	Street	City	State	Zip
Phone Number	( )	**Alternate Phone**	( )	

Please list additional people in your party included in this release and mark their age (over/under 18):	Name	Under 18	Over 18
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐

I DO HEREBY ASSUME FULL RESPONSIBILITY FOR ANY AND ALL DAMAGES, INJURIES (INCLUDING DEATH) OR LOSSES THAT MYSELF OR MY CHILD MAY SUSTAIN OR INCUR, IF ANY, WHILE ATTENDING, PARTICIPATING OR WITNESSING IN ANY PROGRAM, SPORT OR PHYSICAL ACTIVITY OCCURRING IN OR ABOUT THE STUHR MUSEUM PREMISES. I HEREBY ASSUME FULL RISK, WAIVE ALL CLAIMS, AND RELEASE AND HOLD STUHR MUSEUM, ITS INSTRUCTORS, OR PARTNERS OF SAID PROGRAM OR EVENT, INDIVIDUALLY OR OTHERWISE, HARMLESS FOR ANY AND ALL CLAIMS FOR INJURIES AND DAMAGES. THIS EXPRESS ASSUMPTION OF RISK AND WAIVER AND RELEASE INCLUDES, BUT IS NOT LIMITED TO, INJURIES OR DEATH ARISING OUT OF PHYSICAL PARTICIPATION IN THE PROGRAM OR EVENT, SLIPPING OR TRIPPING OR FALLING DUE TO A DANGEROUS CONDITION OF THE PREMISES, IMPROPER MAINTENANCE OF ANY EQUIPMENT, PREMISES OR FACILITIES THAT MAY MALFUNCTION OR BREAK, NEGLIGENT INSTRUCTION OR SUPERVISION, NEGLIGENT HIRING OR SUPERVISION OF EMPLOYEES, OR ANY OTHER ACT OF NEGLIGENCE ON THE PART OF RELEASEES, WHETHER ACTIVE OR PASSIVE.

I ACKNOWLEDGE AND AGREE THAT STUHR MUSEUM IS PROVIDING A SERVICE TO ME AND OTHERS, AND THAT THE USE OF ANY PRODUCTS OR EQUIPMENT PROVIDED DURING THE PROGRAM OR EVENT IS INCIDENTAL TO THE SERVICES BEING PROVIDED. I ACKNOWLEDGE AND AGREE THAT STUHR MUSEUM DOES NOT SELL OR OTHERWISE PLACE SUCH ITEMS INTO THE STREAM OF COMMERCE.

I AM FULLY AWARE AND UNDERSTAND THAT THE STUHR MUSEUM DOES NOT HAVE ON OR ABOUT THE STUHR MUSEUM PREMISES, OR EMPLOY OR CONTRACT WITH ANY MEDICAL SERVICES, PROVISIONS FOR ORDINARY OR EMERGENCY MEDICAL SERVICES.

IN CONSIDERATION OF MY OR MY CHILD'S PARTICIPATION IN AND USE OF THE STUHR MUSEUM FACILITIES, I HEREBY RELEASE AND COVENANT NOT TO SUE THE STUHR MUSEUM, ITS OWNERS, SHAREHOLDERS, DIRECTORS, OFFICERS, EMPLOYEES, REPRESENTATIVES, AGENTS AND LESSEES FROM ANY AND ALL CLAIMS RESULTING FROM ANY PHYSICAL INJURY THAT MAY OCCUR TO MYSELF OR MY CHILD WHILE PARTICIPATING IN ANY PROGRAM OR EVENT SPONSORED BY STUHR MUSEUM.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE RELEASE/WAIVER AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER VOLUNTARILY. Parent/Guardian must sign for those under 18 years old.

PRINT NAME: _____

SIGNATURE: _____ **DATE:** _____