



HOWARD PARK

PLEASE READ CAREFULLY!

ASSUMPTION OF RISK AND WAIVER OF LIABILITY

NOTICE TO ALL USERS OF THESE FACILITIES

As a condition of use of the skating area and/or other facilities, the Participant or Participant's legal guardian ("Participant/Guardian"), as applicable, assumes all risk of personal injury, death or property loss resulting from any cause whatsoever, including but not limited to, risks, dangers and hazards of skating, ice trail skating or usage, ice pond skating or usage, and any other recreational activities (the "Activity"). The Activity is a voluntary recreational activity which involves inherent risks, dangers and hazards to Participant, other participants and non-participants, including but not limited to, collisions with other participants, non-participants and objects.

Participant/Guardian further agrees, acknowledges and understands that any skates or any other equipment, provided to Participant in connection with the Activity is provided on an "AS IS" basis, and further acknowledges that NO WARRANTIES are being extended to Participant with respect to any aspect of the facilities or equipment. Participant/Guardian further agrees that, in the event that Participant's participation in the Activity results in property damage, bodily injury or death to Participant or any other person, Participant/Guardian will not sue and does hereby release, acquit and discharge the City of South Bend, Indiana, its departments, agents, employees, directors, successors and/or assigns, of and from any and all claims, damages, costs, liabilities or suits of any kind or nature whatsoever arising from or related to Participant's participation in the Activity.

I also understand, acknowledge and agree Covid-19 is an extremely contagious disease that can lead to severe illness or even death. I understand there is an inherent risk of exposure to Covid-19 in any place where people are present. I further understand that Participation in skating at public spaces may expose the participant and or their parent(s) or guardians to a risk of contracting Covid-19. I acknowledge the risk of such exposure or infection and I voluntary assume all risks to myself or child participant.

Name (printed) _____

Date of Birth _____

Signature _____

Date _____