## PARTICIPANT WAIVER AND RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT \*\*\* READ BEFORE SIGNING\*\*\*

Team/Organization Name:		
Participant Name:		<del></del>
In consideration of being allowed on the property and/or inside any structure of Iron Horse Sports, LLC at 429 Verla Drive, Windber, PA 15963, to observe or coach or participate in any way in a practice, game, training program, showcase, or any related events and activities, I the undersigned, acknowledge and agree that:		
1. The risk of contracting a contagious disease including COVID-parking/driving/walking across the parking lot/sidewalk/propert program, practice, game, or event of any kind is significant, incluball or slipping and falling on any surface, and that such risk couminors or elderly or disabled people in my care.	ty and from outling the po	observing or participating in any tential of being struck by ice or a foul
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both k NEGLIGENCE OF THE RELEASES or others, and assume full resp participation in any way, and for the observation or participation	onsibility of	such risks for my observation or
3. I willingly agree to comply with all facility rules, staff instruction, PA Health Department guidelines, and any other terms or conditions for participation. If I observe any hazard during my presence or participation, I will remove myself from observation or participation and bring all such observed hazards to the attention of an Iron Horse Staff member or any renting organization staff member immediately.		
4. I, for myself and on behalf of my heirs, assigns, personal representations of the same specific sponsors, advertisers, and if applicable owners or lessors or remarks. (RELEASEES), from any and all claims, demands, losses, and liabit DISABILITY, OR DEATH that I or my minor children or other attemperson or property, WHETHER ARISING FROM THE NEGLIGENCE extent permitted by law.	fficers, offici ters of the p lity arising o ndees in my	ials, employees, other participants, remises used to conduct the event ut of or related to any <b>INJURY</b> , care may suffer, or loss or damage to
I HAVE READ THIS WAIVER AND RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.		
Participant Signature:	Age	Date:
Printed Name:		
FOR PARENTS/GUARDIANS OF PARTICIPANTS AND/OR SPECTATORS UNDER THEIR CARE OR SUPERVISION WHO ARE OF MINOR AGE (UNDER THE AGE OF 18)  This is to certify that I, as parent/guardian with legal responsibility for this participant and all spectators under my care, do consent and agree to their release as provided above of all Releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability related to my child's involvement or participation, along with any accompanying child or elderly person in my charge at the event, as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.		
Parent/Guardian Signature:	Date:	
Printed Name:		