

Permanent Release and Waiver of Liability

Participants Name (Please Print) _____ Date of Birth _____

In consideration of being permitted to participate in any way in the sport and activity of all rides at The Cade Museum for Creativity & Invention (Cade Creativity Labs, Inc.), I acknowledge, appreciate and agree that:

1. The risk of injury from the activity of ice skating is possible and I acknowledge that by participating in this activity I am stating that I do not have the following: back problems, pregnancy, epilepsy, motion sickness, I'm not under the influence of drugs or alcohol or any ailment that can be aggravated by this activity.
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of persons released from liability below, and assume full responsibility for my participation, and,
3. I understand ice skating can be physical. I understand the rules of play and will comply with all rules and regulations. If I observe any unusual or unnecessary hazard during my participation, I will bring such to the attention of the nearest official as soon as is practical.
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, Hereby release and hold harmless from **Big Bounce Fun House Rentals, Anytime Ice Skating, The Cade Museum for Creativity & Invention (Cade Creativity Labs, Inc.)**; their officers, officials, agents and/or employees with respect to any and all injury, disability, death, or loss or damage to person or property, whether caused by the negligence of the releases or otherwise, except that which is the direct result of gross negligence and/or wanton misconduct.
5. I understand and agree that this Release of Liability Agreement covers each and every time I enter the ice.

I have read this release of liability and assumption of risk agreement, fully understand it's terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement and I am of sound mind and I am not under the influence of any drugs and/or alcohol

Guardian Signature x _____ Date signed: _____

Participant's Signature x _____ Date signed: _____

Address _____ City, State _____ zip _____

Rules of Game

You must not Ice Skate if you suffer from the following:

Back Problems, Pregnancy, Epilepsy, Motion sickness, Under the influence of drugs or alcohol, or have any ailment that can be aggravated by participation of this activity.

During Skate Time, never skate in socks – always have on your ice skates when on the ice during Skate Time.

Socks are only permitted during designated Sock Time.

Operator's decision is always final and Operator has the right to remove any person from the rink not following the rules.