



## ADULT PARTICIPANT RELEASE

The undersigned hereby acknowledges that I am voluntarily participating in the sport of curling and the activities, events and programs of the Oklahoma Curling Club and make the following representations: (i) that the undersigned understands that the sport of curling is played on ice and requires a certain level of physical fitness; (ii) that the undersigned possesses such physical fitness; (iii) that the undersigned understands that the sport of curling involves inherent risks, dangers or hazards that may include, but not limited to, serious injury such as, bone fractures, spinal cord injuries, head injuries, paralysis, or death; (iv) that I acknowledge that in order to minimize the risk of injury, that appropriate curling shoes and protective headgear, such as a halo or helmet, should be worn at all times, and that I assume all risks of injury should I choose not to wear them.

In consideration of being allowed access to Arctic Edge Ice Arena ("Arctic Edge") located at 14613 N. Kelly Avenue, Edmond, Oklahoma, as a participant in any curling activity sponsored by Oklahoma Curling Club at Arctic Edge, I, the undersigned, for myself and my estate, successors, heirs, beneficiaries, administrators, trustees, representatives, and attorneys do hereby remise, release, acquit, and forever discharge (i) Arctic Edge; (ii) Oklahoma Curling Club, an Oklahoma Not for Profit Corporation (the "Club"); (iii) the United States Curling Association, Inc. ("USCA"); (iv) Future Regional Curling Associations; (v) the respective successors and assigns or each of the Club, USCA, and Regional Curling Associations, and (vi) the respective employees, officers, and directors, but only while acting in their capacity as such, of each of the Club, USCA, and Regional Curling Associations (collectively, the "Releasees") from any and all actions, causes of action, claims, demands, and liabilities, both in law and equity for damages and any court costs and legal expenses and fees associated therewith in respect to any physical, mental, bodily injury or death occurring to me while participating in a curling activity at Arctic Edge prior to the Expiration of one (1) calendar year from the date this Release is executed below, whether arising from the negligence of the Releasees or otherwise, to the fullest extent permitted by law; and provided however, that nothing herein shall be deemed to limit or exclude any action, cause of action, claim, demand, liability, payment, reimbursement, other benefit, or any court costs or legal expenses and fees that I or my estate, successors, heirs, beneficiaries, administrators, trustees, representatives, or attorneys might have or seek against, (a) the Club's "Participant Medical Accident" insurance coverage, (b) any other participant participating in any curling activity in Arctic Edge, or (c) against any other person or entity other than the Releasee.

I hereby grant permission to the Club and its agents, members, or employees to use my image, likeness and/or description while participating in any curling and curling associated events, in any form of media for editorial, educational, documentary, public service announcements, grant applications, social media content, for all program promotions and/or advertisements and any other purposes in connection with the program deemed appropriate and necessary by the Oklahoma Curling Club.

I certify that I am at least eighteen (18) years of age and have the legal capacity to execute this Participant Release on my own behalf.

I hereby revoke any and all releases of liability, waivers, and indemnifications previously executed by me in favor of any of the Releasees.

### WARNING

By signing this document you will waive certain legal rights, including the right to sue, please read carefully. I acknowledge by signing this ADULT PARTICIPANT RELEASE that I have read and agree to the above terms.

Printed Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Person Name/Telephone: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_