



MINOR PARTICIPANT RELEASE

The undersigned, being a parent or legal guardian of the minor child ("Minor") indicated below, hereby makes the following representations: (i) that the undersigned is legally responsible for the Minor and legally empowered to act for, on behalf of, and to execute this Participant Release and thereby bind the Minor; (ii) that the Minor will comply with the rules and regulations of the Releasees (as defined below); (iii) that the undersigned understands that the sport of curling is played on ice and requires a certain level of physical fitness; (iv) that the Minor possesses such physical fitness; (v) 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, paralysis, or death; (vi) 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 time, and that I assume all risks of injury should I choose not to have the Minor not to wear them.

In consideration of the Minor 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, acting on behalf of the Minor, and the Minor's 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) Present and/or future Regional Curling Associations, and (v) 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, any court costs, legal expenses and fees associated therewith in respect to any physical, mental, bodily injury or death occurring to the minor 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 expense and fees that the Minor or Minor's estate, successors, heirs, beneficiaries, administrators, trustees, representatives, or attorneys might have or seek against, (a) the Clun's "Participant Medical Accident" insurance coverage, (b) any other participant participating in any curling activity at Arctic Edge, or (c) against any other person or entity other than the Releasees.

I hereby grant permission to the Club and its agents, members, or employees to use the Minor's 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 purpose in connection with the program deemed appropriate and necessary by the Oklahoma Curling Club.

In the case that the Minor requires urgent medical attention and I cannot be reached, I hereby authorize (i) emergency personnel and medical practitioners selected by any of the Releasees or other chaperone of the Minor, in their reasonable judgment and sole discretion, to take any and all necessary measure on behalf of the Minor and (ii) the disclosure of the information set forth below to emergency personnel and medical practitioners by any of the Releasees or other chaperone of the Minor.

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

WARNING: Before signing below, I was given the opportunity to read this Minor Participant Release and to consult with an attorney as to its significance. By signing below, I understand that I am waiving significant rights. I understand the meaning of this Minor Participant Release and the rights I am waiving. Notwithstanding the foregoing, I have chosen, of my free will, to execute this MINOR PARTICIPANT RELEASE.

Printed Name Parent/Guardian _____

Name of Minor _____ Age _____

Address _____

Medical Insurance Carrier _____ Policy/Group No. _____

Allergies, Medical Conditions, Current Medications _____

Emergency Contact Name/Relationship _____ Phone No. _____

Date _____ Parent/Guardian Signature _____