



COLUMBUS BLUE JACKETS
ON-ICE PARTICIPANTS' LIABILITY WAIVER

I FULLY UNDERSTAND, RECOGNIZE AND AGREE THAT CERTAIN RISKS ARE INVOLVED IN ENTERING, MOVING ABOUT, AND/OR SKATING ON ICE, AND I VOLUNTARILY ASSUME THESE RISKS FOR MYSELF (AND BY, FOR AND ON BEHALF OF MY MINOR CHILD). SUCH RISKS MAY INCLUDE BUT ARE NOT LIMITED TO, DAMAGE TO OR LOSS OF MY PROPERTY OR PHYSICAL INJURY TO ME (OR MY CHILD), UP TO AND INCLUDING PARALYSIS AND/OR DEATH. I AGREE THAT IF I AND/OR MY CHILD INCUR ANY SUCH DAMAGE OR LOSS OF PROPERTY OR INJURY, INCLUDING PARALYSIS AND/OR DEATH, NEITHER I NOR MY FAMILY MEMBERS, NOR MY OR MY CHILD'S ESTATE(S), HEIRS OR ASSIGNS WILL HOLD THE COLUMBUS BLUE JACKETS, THE NATIONAL HOCKEY LEAGUE, NATIONWIDE ARENA, THE FRANKLIN COUNTY CONVENTION FACILITIES AUTHORITY, COLUMBUS ARENA MANAGEMENT LLC, THE OHIO STATE UNIVERSITY AND ANY/ALL OF THEIR RESPECTIVE AFFILIATES, PARENTS, EMPLOYEES, AGENTS OR ASSIGNS RESPONSIBLE OR SEEK DAMAGES FROM ANY OF THESE ENTITIES IN ANY FORM.

FURTHER, I HEREBY EXPRESSLY GRANT PERMISSION TO THE COLUMBUS BLUE JACKETS TO USE MY/MY CHILD'S NAME(S), PHOTOGRAPH(S), LIKENESS(ES), BIOGRAPHICAL INFORMATION, CITY AND STATE, FOR ADVERTISING AND OR PROMOTIONAL PURPOSES, IN ALL FORMS OF MEDIA NOW AND HEREAFTER KNOWN, ANYWHERE, WITHOUT COMPENSATION WHATSOEVER.

DURING THE COURSE OF THESE ON-ICE ACTIVITIES, I (AND MY CHILD) WILL CONDUCT MYSELF/OURSELVES IN A PRUDENT AND CAUTIOUS MANNER. DURING THE TIME THAT I AM/WE ARE INVOLVED IN THESE ON-ICE ACTIVITIES, I (AND MY CHILD) WILL WEAR HELMETS, FOLLOW THE INSTRUCTIONS OF BLUE JACKETS AND/OR ARENA AND/OR RINK PERSONNEL, WILL TREAT THE ICE RINK, PARK AND/OR ARENA AND THE COLUMBUS BLUE JACKETS AND ALL OTHER PERSONS AND/OR ENTITIES USING THE PREMISES IN A POLITE, SPORTSMANLIKE AND LAWFUL MANNER. I HEREBY EXPRESSLY CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND ALL OF THE ABOVE STATEMENTS, AND MY SIGNING OF THIS WAIVER IS BOTH FULLY INFORMED AND COMPLETELY VOLUNTARY.

CHILD'S NAME _____
(IF UNDER 18) (PLEASE PRINT)

(GUARDIAN'S) NAME _____
(PLEASE PRINT)

ADDRESS _____

CITY _____

STATE, ZIP _____

PHONE _____

(GUARDIAN'S) SIGNATURE _____ **DATE** _____