

Please Read Before Entering the Facility

As you may already be aware, COVID-19 is a highly communicable virus that can cause severe respiratory illness, sometimes leading to death.

Protecting our guests and employees is our number one priority. With that priority in mind, Ontario Ice Skating Center and the Ontario Moose Youth Hockey Club is taking numerous steps to reduce the potential for COVID-19 spread in this facility.

Some of these steps include enhanced cleaning and sanitation procedures as well as comprehensive physical distancing protocols.

For the health and safety of our employees and guests we ask everyone to follow the following rules:

- Wear a face mask when inside the facility. Athletes shall wear masks in the facility but can take them off while training.
- Do not enter the facility if you feel ill, have a fever or cough, or are short of breath.
- Do not enter the facility if you have been in close physical contact within the last 14 days with someone who has been diagnosed with COVID-19.
- Cover your coughs and sneezes.
- Abide by physical distancing rules by keeping 6 feet (about two arms lengths) away from others.
- Use hand sanitizer before entering the facility.
- If have a medical history that places you in a high-risk category for COVID-19, it is recommend no entry.

Even with these precautions in place, Ontario Ice Skating Center and the Ontario Moose Youth Hockey Club cannot eliminate all risk associated with COVID-19. By choosing to make use of this facility, guests are assuming the risk that they may contract COVID-19 at the facility despite Ontario Ice Skating Center and Ontario Moose Youth Hockey Club's best efforts to provide a clean, safe environment.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS, Ontario Ice Skating Center, Ontario Moose Youth Hockey Club, its owners, affiliates, agents and employees, and their successors and assigns ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH or loss or damage to person or property to the fullest extent permitted by law.

Participant Name: _____

Signature: _____ Date: _____

Parent/Guardian (if under 18) _____

Signature: _____ Date _____

Email: _____ Phone Number: _____

RELEASE AND WAIVER OF CLAIMS AGREEMENT: I / WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I / WE GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.