RELEASE AND WAIVER OF LIABILITY READ THIS RELEASE CAREFULLY AND SIGN BELOW

I am voluntarily agreeing to participate as a skater on the Ice Skating Rink sponsored by the Folsom Historic District Association located at 825 Leidesdorff St. I UNDERSTAND THAT AS A PARTICIPANT I may be exposed to risks of damage to my personal property and personal injury to myself including, but not limited to the following: illnesses, contusions, lacerations, sprains, broken bones, head injuries, spinal injuries, respiratory problems, heart attacks, stroke or death. I hereby agree to accept and assume all responsibility for any and all risks of damage, injury, or death related to the activity, however caused, whether the risks are known or unknown to me.

I further understand that ice skating is a risk and can be a dangerous activity and I may be injured by my own action or the actions of others. In consideration of the Folsom Historic District Association allowing me to participate as an ice skater, I hereby agree that I and my heirs do hereby release the City of Folsom, Folsom Historic District Association, Special Ice and all sponsors and vendors associated with the Skating Rink and their officers, employees, officials, agents and insurers, and the activity's promoters and sponsors involved in any way in the skating rink, against any and all claims, causes of action, liability or potential liability, arising out of my participation in the skating activity.

I agree to indemnify, defend and hold harmless the City of Folsom, Folsom Historic District Association, Special Ice and all vendors and sponsors, the activity promoter and their officers, employees, officials, agents and insurers from any claims, lawsuits or demands which may be brought by me or any person on my behalf arising out of or in any way connected to my participation in this skating activity.

I agree to accept and abide by the rules and regulations of the Folsom Historic District Association while participating in any skating activity. I give my permission to the officers and employees of the City of Folsom, Folsom Historic District Association, Special Ice and vendors to photograph me or otherwise use my likeness for publicity materials or publications and will not seek compensation of any type or amount for such use.

I ACKNOWLEDGE I HAVE READ AND AGREE TO THE TERMS OF THIS RELEASE AND WAIVER OF LIABILITY

Minor Children Must Have the Signature of a Parent or Guardian

Dated:	Telephone		Signature	
Print Name:			Address:	
City:	State:	Zip:	* Email:	
*optional for Histo	ric Folsom event email li	st		
Dated:	Telephone		Signature	
Print Name:			Address:	
City:	State:	Zip:	* Email:	
*optional for Historic Folsom event email list				
Dated:	Telephone		Signature	
Print Name:			Address:	
City:	State:	Zip:	* Email:	

^{*}optional for Historic Folsom event email list