

**ELI AND BESSIE COHEN FOUNDATION OF MASSACHUSETTS, INC.
CAMP PEMBROKE
AND
HOBOMOCK ARENAS, INC.
(MUST BE COMPLETED TO PARTICIPATE)**

PARTICIPANT'S NAME _____ **PHONE** _____

MEDICAL/INSURANCE COMPANY _____

In consideration of participating in any Hobomock Arenas, Inc. Instructional activity, including Basic Skills, I represent that I understand the nature of the activity and that I and/or my minor child am qualified, in good health and proper physical condition to participate in such activity. I acknowledge that if the conditions are unsafe, I and/or my minor child will immediately discontinue participation in the activity.

I fully understand that ice skating involves risks of serious bodily injury, including permanent disability, paralysis and death, and that these and other risks may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the Releasees named below; and that there may be other risks either not known to me or nor foreseen at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation in the activity.

I hereby release, discharge, and covenant not to sue Hobomock Arenas, Inc., Camp Pembroke, and the Eli and Bessie Cohen Foundation of Massachusetts, Inc., their respective administrators, directors, agents, officers, volunteers, and employees, or other participants (each considered one of the Releasees herein) from all liability claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise including negligent rescue operations; and I further agree that if, despite this release, waiver of liability, and assumption of risk, I, or anyone on my and/or my minor child's behalf, makes a claim against any of the Releasees, I will indemnify, defend, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost which may incur as the result of such claim. I have read this release and waiver of liability, assumption of risk and indemnity and fully understand it.

Please have BOTH parents sign this form, unless either is deceased or they are legally separated or divorced. In those cases, the legal guardian or custodial parent should sign.

Signature of Parent/Guardian

Date

Signature of Other Parent

Date

Child's Signature

Date