



WAIVER / RELEASE FROM LIABILITY

I, _____ ("Participant"), have requested to attend, participate in, volunteer at or spectate (collectively, "Participate") in Carolina Sled Hockey ("Program" or "the Event") on or from 9/1/2026 to 8/30/2027 and to use equipment and facilities where any Carolina Sled Hockey Event is held including any parking lots adjacent to such buildings (individually and collectively "Facilities"). I understand Event may include without limitation ice skating, lessons, instruction, physical training, physical conditioning and exercise, speed, playing and spectating at ice hockey games or practices and the use of rental equipment associated therewith ("Ice Activities").

I understand and acknowledge that serious disabilities, death, accidents and injuries can occur during Ice Activities at the Facilities and/or through the use of the Facilities in which those Ice Activities are held, whenever or however they occur and for such period said Ice Activities may continue. After having the opportunity to have my doctor examine me, I have no physical limitations that would prevent me from Participating in the Event. I further understand and acknowledge that Participating in Ice Activities may require me to perform strenuous activities, or to be exposed to activities, conditions, individuals, equipment or events which have potential to cause death, injury, disability, or property loss including without limitation slipping and falling on wet or icy surfaces or getting injured by a flying puck, glass or hockey sticks while participating or spectating at an Ice Activity. These risks and dangers may be caused by the ordinary negligence of the Participant, the ordinary negligence of other Participants and/or the ordinary negligence of the persons and entities named herein. These risks and dangers also include but are not limited to those arising from Participating with bigger, faster, and stronger participants. I further acknowledge that there may be risks and dangers not known to me or not reasonably foreseeable at this time. I will participate in Activities that are within my physical capability to the best of my ability, and I will not undertake Activities that are beyond my ability. I acknowledge that I have received and read appropriate instruction regarding this Program, including appropriate safety and emergency procedures.

I will participate as requested, observe all applicable rules, procedures, and use care in the performance of my assignments. Specifically, I acknowledge that I have been requested by the Alliance of Disability Advocates to read the applicable Rules and Regulations posted at the facility or otherwise provided or made available to me I further acknowledge that there may be Risks not known to me or not reasonably foreseeable at this time. I also understand that I will not be permitted to Participate in the Event without executing this Waiver and Release from Liability/Permission to Use Likeness.

In consideration of the opportunity to participate in the Event, I agree to comply with the stated terms and conditions for Participation in the Event and use of the Facilities. Knowing the risks inherent in, and connected with these Ice Activities and with the full understanding of the Ice Activities I will be Participating in, on behalf of myself, my executors, administrators, heirs, successors, assigns, and next of kin, I HEREBY FULLY ASSUME THE RISKS OF INJURY, DISABILITY, DEATH, OR LOSS OR DAMAGE TO PERSON OR PROPERTY INHERENT IN, AND/OR IN ANY WAY CONNECTED WITH, ATTENDING, PARTICIPATING

IN, VOLUNTEERING AT, AND SPECTATING AT ICE ACTIVITIES AT THE FACILITIES EVEN IF ARISING FROM THE ORDINARY NEGLIGENCE OF OTHER PERSONS EXECUTING A SIMILAR WAIVER AND RELEASE FROM LIABILITY. I KNOWINGLY RELEASE, INDEMNIFY, HOLD HARMLESS, AND DISCHARGE the following persons and entities:

The Alliance of Disability Advocates, their members, officers, directors and agents in connection with any claim limited to ordinary negligence arising from or in any way connected with my Participation in Ice Activities at the Facilities or in the Program, whenever or however they occur and for such period said activities may continue. I AGREE NOT TO BRING ANY CLAIM AGAINST the Alliance of Disability Advocates, which claims concern in any way death, injury, damage, or loss of any type or nature, which arise out of, are related to, or are in any way connected with participating in ice activities, and/or which arise out of or are connected in any way with my use of, or my presence at the Facility (ies) at which (those) activities held, whether injury, death or disability, loss or damage is caused in whole or in part by ordinary negligence of those persons or entities.

As a further condition of my Participation in Ice Activities, I grant the Alliance of Disability Advocates perpetual and nonrevocable permission to use my name, photographs and video in which my image and likeness appears in connection with my Participation in Ice Activities at Facilities and further grant permission to display, publish, distribute, use, print and reprint such images and likeness, and the right to employ such images or likeness in advertising and promotions relating thereto or to the Alliance of Disability Advocates or any Activities at or related to Carolina Sled Hockey, including any advertisements or media and electronic displays and transmissions thereof (herein "Likeness Rights").

I release the Alliance of Disability Advocates from any and all liability for damages for use in any manner or media of the Likeness Rights, and waive any and all claims and causes of action for damages for use of the Likeness Rights, including but not limited to: unauthorized use of my likeness, image, character or persona; violation of my right of publicity or privacy; and for copyright or moral rights infringement, defamation, or being cast in a bad light. I understand and agree that this Agreement is a full and final release covering all known and unknown and unanticipated injuries, debts, claims or damages to him that have arisen or may have arisen from any matters, acts, omissions or dealings released in this agreement, including but not limited to the use of the photographs and Likeness Rights. The undersigned acknowledges that he/she is aware that he/she may hereafter discover facts in addition to, or different from, those which he/she now knows or believes to be true, but it is his/her intention hereby, fully and finally and forever, to settle and to release any and all matters, disputes and differences, known or unknown, suspected or unsuspected, that do now exist, may exist or heretofore have existed with respect to those matters described herein. I expressly waive and relinquish any and all rights or benefits that I may now have, or in the future may have as to these matters released herein.

I HEREBY AFFIRM AND ACKNOWLEDGE THAT I HAVE READ THIS DOCUMENT. I HEREBY AFFIRM AND ACKNOWLEDGE THAT I UNDERSTAND ITS CONTENTS AND AGREE TO BE BOUND THEREBY. I ALSO AGREE TO KEEP MY USA HOCKEY REGISTRATION CURRENT [2026/2027]. FAILURE TO BE CURRENT WILL RESULT IN LOSS OF PARTICIPANT PRIVELEDGES

Date: _____

Print Name: _____ Signature: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ - _____

Email: _____