



## COVID-19/Coronavirus Acknowledgment

From: Carolina Ice Palace Management

To: Patrons of the Carolina Ice Palace (the “Facility”)

The Guest/Patron named below acknowledges that they are aware of the national emergency caused by the COVID-19/Coronavirus pandemic and the evolving nature of the health crisis, including the danger of community spread and risks posed to the health of those who contract COVID-19/Coronavirus.

In a concerted effort to mitigate the effects of the Coronavirus outbreak the Guest/Patron represents and agrees to the following when on the grounds of the Facility:

- Guest/Patron will use their best efforts to minimize the health risk to themselves and to others in the Facility.
- Guest/Patron represents that they have not been in contact with someone who is suspected of having COVID-19/Coronavirus within the previous 14 days.
- Guest/Patron agrees to notify the management of the Facility if they become aware of information that poses a potential health danger previously unknown to the Facility’s operation.
- Guest/Patron agrees in all respects to comply with the most current version of the Center for Disease Control (CDC) guidelines when entering the Facility.
- Guest/Patron represents that they have read this acknowledgement in its entirety.

### Assumption of Risk

**By signing this Acknowledgment, the Guest/Patron understands that Facility staff cannot guarantee that the Guest/Patron will not contract COVID-19/Coronavirus at the Facility, and each Guest/Patron fully assumes any and all risks posed to the Guest/Patron that may result from Guest/Patron entering the Facility.**

### Acceptance of Policies

Guests/Patrons not adhering to the Facility’s guidelines and policies may be expelled from the Facility and grounds at management’s discretion.

The Guest/Patron signature below is made freely and voluntarily; recognizing that Carolina Ice Palace management is relying on these truthful representations in re-starting business operations of the Facility and providing the services the Guest/Patron is seeking.

\_\_\_\_\_  
Guest/Patron Name (*print*)

\_\_\_\_\_  
Guest/Patron Signature

\_\_\_\_\_  
Date

### For Guests/Patrons of Minority Age (Under Age 18 at Time)

This is to certify that I, as parent/guardian/adult with responsibility for this Guest/Patron, have read and explained the provisions in this Acknowledgment to such Guest/Patron including the risks of the activity at the Facility and his/her responsibilities for adhering to the rules and regulations. Furthermore, such Guest/Patron understands and accepts these risks and responsibilities.

\_\_\_\_\_  
Parent/Guardian/Adult Signature

Date : \_\_\_\_\_

**READ BEFORE SIGNING**

**PARTICIPANT INFORMATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

IS THE PARTICIPANT  
A MINOR?

YES \_\_\_\_\_ NO \_\_\_\_\_

**ACKNOWLEDGMENT, HOLD HARMLESS AND RELEASE AGREEMENT**

In consideration for the limited license allowing the above-named person who is or will be entering and using any part of or equipment located in the Carolina Ice Palace ("CIP") facility for any activity (including, visiting, eating, drinking, shopping, parking, participating, or coaching in any athletic activity or practice, or attending any birthday party or other celebration (individually or collectively, an "activity")), I agree to pay the fees determined by CIP when due and to abide by any and all rules and regulations established by CIP or otherwise applicable to the CIP facilities. If I observe any unusual significant hazard during my presence at the CIP facility, I will immediately bring such to the attention of the nearest CIP employee. To the fullest extent permitted by law, I also release and hold harmless i) the Carolina Ice Palace, LLC, J & A Associates, LLC, their respective parent companies and affiliates and each of such entities' respective directors, administrators, members, officers, owners, officials, coaches, employees, volunteers, agents and assigns, and ii) any other participants or attendees (collectively, the "Releasees") from any and all known and unknown liabilities, obligations, claims, demands, losses or damages that I, or my successors-in-interest or anyone claiming under me or them, may hereinafter have for all injuries, illnesses, damages, cost or expenses sustained or incurred by me or any other person or any of my property or the property of any participants during any activity.

By signing this release, I certify that I am aware of and know of the risks and dangers associated with any activity, including but not limited to damage or injury from thrown or batted balls/pucks, bats/sticks or other objects, and/or acts or omissions of others (intentional or negligent) and I voluntarily assume all risk and dangers associated with participation in any activity whether on-ice or anywhere else in the CIP facility or parking lots. The risks of injury and illness (ex: communicable diseases such as MRSA, influenza, and COVID-19) from the activities involved in this program are significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation.

I HAVE READ, OR HAD EXPLAINED TO ME, THIS ACKNOWLEDGMENT, HOLD HARMLESS AND RELEASE AGREEMENT, FULLY UNDERSTAND ITS TERMS, HAVE FULL AUTHORITY TO BIND THE SAME TO THIS AGREEMENT, UNDERSTAND THAT I ACCEPT THESE RISKS AND RESPONSIBILITIES AND HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X \_\_\_\_\_  
PARTICIPANT'S SIGNATURE

Date : \_\_\_\_\_

**FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, have read and explained the provisions in this **Acknowledgment, Hold Harmless and Release Agreement** to my child/ward including the risks of the activity at CIP and his/her responsibilities for adhering to the rules and regulations. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's/ward's involvement or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

X \_\_\_\_\_  
PARENT/GUARDIAN'S SIGNATURE

Date : \_\_\_\_\_