

# Inline Skating Club of America

170 Schuyler Ave.  
North Arlington NJ 07031

e-mail [info@iscahockey.com](mailto:info@iscahockey.com)  
[www.iscahockey.com](http://www.iscahockey.com)

Tel: 201-998-4722  
Fax: 201-998-4707

### SKATING PARTICIPANT HEALTH SCREEN -- READ BEFORE SIGNING --

In consideration of being allowed to participate in any way in the SKATING event, related events and activities of INLINE SKATING CLUB OF AMERICA, I \_\_\_\_\_, (print Participant name) the undersigned, acknowledge, appreciate, and agree that:

- I have not been exposed to anyone with a confirmed Covid-19 positive test result in the last 14 days.
- I currently am not experiencing any symptoms including but not limited to Fever, Cough and or Shortness of Breath.
- And, if at any time, I begin to feel ill, I will immediately notify management and leave the facility, as well as assume all expenses to that point are non-refundable

Furthermore, the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and spreads from person-to-person contact. The INLINE SKATING CLUB OF AMERICA has put in place preventative measures to reduce the spread of communicable diseases; however, we cannot guarantee that you or your child (ren) will not become infected while attending our facilities. While we've implemented reasonable preventive measures, we depend on each and every visitor and their families to follow the guidelines from the Center of Disease Control, and all applicable federal, state, and local health department guidelines, rules, laws, and regulations before and while visiting our premises. We are all in this together and rely on each other to adhere to the above-mentioned guidance and legal restrictions. The undersigned fully understands and acknowledges both the known and potential dangers of utilizing our facilities, services, and programs and acknowledge that use thereof by the undersigned and/or such participating children may, despite our reasonable best efforts to mitigate such dangers, result in exposure to communicable diseases, which could result in quarantine requirements, serious illness, disability, and/or death.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Date Signed: \_\_\_\_\_ Age: \_\_\_\_\_

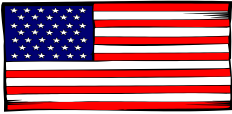
\_\_\_\_\_  
PARTICIPANT'S SIGNATURE

### FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

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

\_\_\_\_\_  
PARENT/GUARDIAN



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