

Name of Participant	Age
Phone Number	Skill Level <u>1 2 3 4 5</u>
Thursday	Amount Paid
Beginner Class 6:30pm-7:15pm	Intermediate Class 7:15pm-8:00pm

Class \$ 17 Skate Rental \$ 3

## Dairy Ashford Roller Rink Waiver

You must be 18 years or older to sign this waiver

I waive all responsibility to Dairy Ashford Roller Rink, Inc. & 1820 DARR LLC at 1820 S. Dairy Ashford, Houston, Texas 77077 effective 1/1/2024 to 12/31/2024. I am 18 years or older, I acknowledge the risk I am taking by roller skating.

In consideration of permission to use today and on all future dates, the property, facility, and services (Facilities) of Dairy Ashford Roller Rink, I the undersigned (Skater or spectator), hereby expressly agree:

- 1) THAT roller skating is a participation sport and I am fully aware of the risks and hazards involved in or arising from my use or presence upon the facilities. I HEREBY ASSUME ANY AND ALL RISKS INVOLVED IN OR ARISING FROM MY USE OF OR PRESENCE UPON THE FACILITIES, including, "by way of example", without limitation, the risks of bodily injury and even death resulting from any and all use or wearing of roller skates while walking or skating on any surface, any known or unknown defects on the skating surface or flooring, any falls due to the flooring, any collision between myself and another person or any stationary object and due to the negligent or deliberate act of another person;\*
- 2) TO RELEASE Dairy Ashford Roller RInk, Inc. and all its successors, assigns, affiliates, officers, directors, employees and agent from, and AGREES NOT TO SUE ANY OR ALL OF THEM on account of or in connection with any claims, causes of action, injuries, damages, cost or expenses arising out of skaters use of or presence upon the facilities, or use of Dairy Ashford Roller Rink, Inc. skates or equipment, including but not limited to those claims for bodily injury, whether or not caused by the negligence or other fault of Dairy Ashford Roller Rink, or skates or other equipment supplied by Dairy Ashford Roller Rink.

Participant Signature \_\_\_\_\_

\_Date \_\_\_\_\_