

EventDate	
-----------	--

PARTICIPANT RELEASE

The undersigned hereby makes the following representations: (i) that the undersigned understands that the sport of curling is played on ice and requires physical fitness; (ii) that the undersigned possesses such physical fitness; and (iii) that the undersigned understands that the risks of participating in any curling activity could involve serious injury or death.

In consideration of being allowed access to the Curling Premises (as defined below) as a participant in any curling activity at the Curling Premises, I, the undersigned, for myself and my estate, successors, heirs, beneficiaries, administrators, trustees, representatives, and attorneys do hereby remise, release, acquit, and forever discharge the Chaska Curling Center, the respective employees, officers, directors and its agents of the Chaska Curling Center (collectively, the "Releasees"), but only while acting in their capacity as such, from any and all actions, causes of action, claims, demands, and liabilities, both in law and equity for damages and any court costs and legal expenses and fees associated therewith incurred as a result of, or in any way related to, physical, mental, and bodily injury occurring to me while participating in any curling activity or other activity at the Curling Premises; provided, however, that in the event such injury was caused, in whole or in part, by the willful, intentional, reckless, or grossly negligent action or failure to take action of any Releasee, such Releasee shall not be so remised, released, acquitted, or discharged hereby.

I do hereby grant the right to use my or my child(s) photograph or image with or without my or my child's name, both singly and in conjunction with other persons or objects in presentations, advertising, publicity, and promotion relating thereto.

The Curling Premises shall mean the entire premises known as the Chaska Curling Center, Firemen's Park and all facilities located at 3210 Chaska Boulevard, Chaska, MN.

BEFORE SIGNING BELOW, I WAS GIVEN THE OPPORTUNITY TO READ THIS PARTICIPANT RELEASE, AND AM AWARE THAT I MAY CONSULT WITH AN ATTORNEY AS TO ITS SIGNIFICANCE. BY SIGNING BELOW, I UNDERSTAND THAT I AM WAIVING SIGNIFICANT RIGHTS. I UNDERSTAND THE MEANING OF THIS PARTICIPANT RELEASE AND THE RIGHTS I AM WAIVING. NOTWITHSTANDING THE FOREGOING, I HAVE CHOSEN, OF MY OWN FREE WILL, TO EXECUTE THIS PARTICIPANT RELEASE.

I certify that I am at least eighteen (18) years of age and have the legal capacity to execute this Participant Release on my own behalf.

I certify that I am at least eighteen (18) years of age and have the legal capacity to execute this Participant Release on the behalf of my child (less than 18 years of age).

1.	Name (print)	6. Name (print)
	Signature	Signature
2.	Name (print)	7. Name (print)
	Signature	Signature
3.	Name (print)	8. Name (print)
	Signature	Signature
4.	Name (print)	9. Name (print)
	Signature	Signature
5.	Name (print)	10. Name (print)
	Signature	Signature

11.	Name (print)	22.	Name (print)
	Signature		Signature
12.	Name (print)	23.	Name (print)
	Signature		Signature
13.	Name (print)	24.	Name (print)
	Signature		Signature
	,		
14.	Name (print)	25.	Name (print)
	Signature		Signature
15.	Name (print)	26.	Name (print)
	Signature		Signature
16.	Name (print)	27.	Name (print)
	Signature		Signature
			,
17.	Name (print)	28.	Name (print)
	Signature		Signature
18	Name (print)	29.	Name (print)
10.			Signature
	Signature		0
10	Name (print)	30.	Name (print)
1).	Signature		Signature
	·		
20	Name (print)	31	Name (print)
20.		02.	Signature
	Signature		organica.
C4	NI was (color)	20	. Name (print)
21.	Name (print)	32.	Signature
	Signature		PHALUIC