



Minneapolis
Park & Recreation Board

Training Room Waiver

*Please print neatly, fill out completely and return to ice arena front desk.
Participants 17 and younger must have parent/guardian fill out form.*

Parent/Guardian/Adult's First Name _____ LastName _____ Birthdate _____

Gender Identity: F M (optional)

Address _____ City _____ State _____ Zip Code _____

Home Phone (____) _____ Cell Phone (____) _____ E-mail _____

Participant's First Name _____ LastName _____ Birthdate _____

Gender Identity: F M (optional)

Team Organization _____ Team Name/Level _____ Coach _____

Participant's First Name _____ LastName _____ Birthdate _____

Gender Identity: F M (optional)

Team Organization _____ Team Name/Level _____ Coach _____

Emergency Contact Name: _____ Relationship _____ Phone _____

DATA PRACTICES ACT/ TENNESSEN WARNING MINNESOTA GOVERNMENT DATA PRACTICES ACT

Your name, address, telephone number and other identifying information are private and cannot be given to the general public. The MPRB needs this information for the enrollment of a participant in a recreational program and to be able to contact you, if necessary. If you do not provide the information, the participant may not be able to enroll in the requested program. The information you provide may be released to: persons authorized to have access to the information under state or federal law; persons authorized by court order to have access to the information; persons to whom you have given written consent to have access to the information; and all individuals employed by or entities under contract with the MPRB who have a need and a right to know the information in order to administer the program.

Assumption of Risk and Release Agreement

The undersigned, in using the Training Room & Northeast Ice Arena, the facilities and equipment located therein, and any exercise classes or community activities, does so at his/her own risk. The MPRB, its employees and agents, shall not be liable to the undersigned, his/her heir, executor, administrator or assigns, for any damages arising from personal injuries or death sustained by the undersigned in or about the premises from any cause whatsoever. In consideration of being allowed to use said facilities, the undersigned assumes full responsibility for any injuries (including death) or damages which may occur to the undersigned in or about the premises from any cause whatsoever, and the undersigned does hereby fully and forever release and discharge MPRB, its employees and agents, from action, present and future, whether the same be known, anticipated, or unanticipated, resulting from or arising out of the undersigned's use or intended use of the premises, and the facilities and equipment located therein.

By signing below, I agree that I HAVE READ and I UNDERSTAND the foregoing Assumption of Risk and Release Agreement.

Parent/Guardian Signature _____ Date _____

OFFICE USE ONLY

Date _____

Date entered into Database _____

Staff Name _____