**Group Waiver**

**Group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(“The Group”)** and their signers:

Agree that each participant is in good health and is capable of participating on the ice at Sheridan Ice LLC. Each participant has understand the potential risk of being on the ice, and, to the maximum extent permitted by law, irrevocably and forever release and discharge Sheridan Ice LLC, its members, employees, and agents (hereafter collectively referred to as “Releasees”) from any and all claims or liabilities of any kind, nature and description (including claims for Releasees’ alleged negligence) arising out of or related to any personal injury, suffering, death or damage sustained by the participant or the undersigned on account of or in any way resulting from the participants participation at the M&M’s Center facility. To the maximum extent permitted by law, the undersigned agrees to indemnify and hold the Releasees harmless from any claims (including claims arising from the Releasees’ alleged negligence) made against the Releasees by or on behalf of the participant or the participant’s personal representatives or the undersigned as a result of the participant’s participation at the M&M’s Center facility.

In addition, **The Group** hereby agrees, represents, and warrants that no Participant shall visit or utilize the Facility if he or she (i) experiences symptoms of COVID-19, including, without limitation, fever, cough or shortness of breath, (ii) has a suspected or diagnosed/confirmed case of COVID-19, or (iii) resides in the same household as a person with a suspected or diagnosed/confirmed case of COVID-19.  In consideration for being able to access the Facility and/or participate in the Activities, each Participant hereby agree, to the fullest extent permitted by law, to release, indemnify, defend and hold harmless Releasees from any and all claims related to any exposure to COVID-19, including but not limited to any claims arising from injury, illness or death of the Participant (or any person who may contract COVID-19, directly or indirectly, from the undersigned or Participant), whether or not caused by the negligence of the Facility and/or the Releasees.

**The Group Signer Name Printed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_**

**The Group Signer Name Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Witness Name Printed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Witness Name Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**