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Child's Name

**BEFORE A CHILD CAN PARTICIPATE IN A CHILLER PROGRAM, THIS  
RELEASE MUST BE SIGNED BY THE PARTICIPANT'S  
PARENT/GUARDIAN**

**Accident/Liability Release:** My son/daughter or child over whom I have legal custody wishes to participate in \_\_\_\_\_, organized by Chiller LLC. I agree to release Chiller LLC, COLHOC Limited Partnership, the OhioHealth Ice Haus, Nationwide Arena LLC, and/or their members, employees, agents, representatives, sponsors, affiliates and/or subsidiaries, from all claims, actions, causes of action or damages suffered by my son/daughter or child over whom I have custody for any loss or injury resulting from participation in the aforesaid activity.

I understand that by participating in this activity, my child could be injured, die and/or suffer property damage. Regardless of any bodily injury, death or property damage sustained by my child from participating in this activity, I agree not to sue, or allow others to sue on my behalf, Chiller LLC, COLHOC Limited Partnership, the OhioHealth Ice Haus, Nationwide Arena LLC, and/or their members, employees, agents, representatives, sponsors, affiliates and/or subsidiaries.

I further agree to indemnify and hold harmless Chiller LLC, COLHOC Limited Partnership, the OhioHealth Ice Haus, Nationwide Arena LLC, and/or their members, employees, agents, representatives, sponsors, affiliates, and/or subsidiaries, from all claims, actions, causes of action, or damages brought by me or on my child's behalf by any other party stemming from his/her participation in any and all Chiller activities.

**I HAVE READ THIS AGREEMENT AND UNDERSTAND THE RIGHTS I HAVE  
WAIVED HEREIN.**

**READ CAREFULLY  
BY SIGNING THIS, YOU MAY GIVE UP LEGAL RIGHTS**

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Date

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Signature of Parent or Legal Guardian