For purposes of this LIABILITY WAIVER AND RELEASE, “**Company**” means Minor League Hockey Team, LLC., “**AHL Parties**” means Chicago Blackhawk Hockey Team, Inc., Chicago Blackhawk Foundation, and their respective parents, subsidiaries, affiliates, directors, officers, governors, employees and agents. As an express prerequisite to my grant of access into the BMO Center (the “**Arena**”) to participate in gameday on and off-ice activities and associated events therein (the “**Event**”) on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I, the undersigned individual, hereby acknowledge and agree as follows:

 *Assumption of Risk*. Participation in the Event or presence in the Arena (as a building that serves, and is routinely accessed by, the public) involves inherent risks and dangers of accidents, personal and bodily injury (including death), property loss or damage, or exposure to viruses, communicable diseases or other contagion that may cause respiratory illness (including disability and/or death). Specifically, it may be possible that I can become exposed to COVID-19 by touching a surface or object that has SARS-CoV-2 on it and then touching my mouth, nose or eyes. These perils may result from my own actions or inactions, as well as the actions or inactions of others, the rules of play, and the condition of the Arena, its facilities and equipment. Further, there may be other risks not known to me and not reasonably foreseeable at this time. I have considered the nature and extent of the risks involved, and I voluntarily choose to assume all such risks, both known or unknown, even those risks that result from the negligence of the AHL Parties or others and assume full responsibility for my participation in the Event at the Arena. ***I consent to treatment if an emergency or other incident occurs in which, in the reasonable judgment of the on-site personnel, I require medical care. I further agree to pay all costs associated with such medical care and to indemnify and hold harmless the AHL Parties from any costs or claims arising from such medical care***.

 *Release from Liability*. I, for myself and on behalf of my heirs, estate, insurers, successors and assigns, hereby fully and forever release and discharge AHL Parties, their affiliates and their respective officers, directors, equity holders, employees, agents, representatives, contractors, successors, assigns, and insurers, and all owners or lessors of premises used in connection with the Event (collectively, the “**Released Parties**”) from any and all claims or causes of action I may have for damages for personal or bodily injury, disability, death, loss or damage to person or property relating in any way to the Event or my presence in the Arena, whether arising from the negligence of any or all of the Released Parties or otherwise, to the fullest extent permitted by law.

*Authorization to Record and to Use Recordings and Name*. I hereby grant full permission to the AHL Parties (and their respective licensees, sponsors and designees) by any means (whether now known or hereinafter developed) to exhibit, record, reproduce, broadcast, transmit, publish, sell, distribute, perform, use and re-use, and to license others to exhibit, record, reproduce, broadcast, transmit, publish, sell, distribute, perform, use and re-use, for any purpose, in any manner, without further notification, authorization or compensation to me or anyone on my behalf, my name and likeness, and any photographs, videotapes, motion pictures, recordings, or other record of the Event (or any part or parts thereof) in any and all media, whether now known or hereafter to become known, worldwide and in perpetuity. I hereby represent that it is not necessary for the AHL Parties to obtain permission from, or to pay, any third party in connection with the rights granted in this paragraph.

 *Confidentiality*. I understand that, during the Event, I may be exposed to ideas, designs, discoveries, inventions, and trade secrets, including innovative materials, drawings, business and marketing plans, sales data and research (the “**Confidential Information**”). I agree that all of the Confidential Information is and will remain the Company’s property and, as such, may not be disclosed, used, copied or distributed to third parties, without the Company’s express prior written consent. My obligations of non-disclosure regarding the Confidential Information will remain in effect for five (5) years from the date I gain access, so long as such information has not entered into the public domain.

*Decorum*. I hereby acknowledge and agree that my participation in, and access to, the Event may be revoked or declined if my conduct or appearance is deemed by Company, in its sole discretion, to be contrary to: (i) its rules, policies or best interests, or those of the AHL, (ii) generally-accepted community standards of good taste, or (iii) any applicable laws, ordinances or other public regulations. Such requirements will not be unreasonably imposed, and the foregoing approvals and requirements will be consistently given and imposed on all participants.

*No Insurance*. I acknowledge that the Company has not arranged for, nor carries, any insurance of any kind for my benefit and that I am solely responsible for obtaining and paying for any health, life, travel, accident, property or other insurance relative to my injuries or any other loss I may sustain while participating in the Event.

**I have read this Liability Waiver and release, fully understand and agree to its terms, and understand that I am giving up substantial rights by signing it. I sign this Liability Waiver and release freely and voluntarily, without any inducement or coercion.**

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Participant Signature Print Name Date Signed

**IF THE PARTICIPANT IS A MINOR, THE PARENT OR GAURDIAN MUST READ AND SIGN BELOW:**

I am the parent or legal guardian of the above-named participant, and I agree that the participant may take part in the Event. On behalf of the participant, I hereby irrevocably and unconditionally (1) agree to all of the terms of this Liability Waiver, and (2) authorize the Company to arrange for any necessary medical treatment for the participant. I also, for myself and on behalf of my heirs, estate, insurers, successors and assigns, hereby fully and forever release and discharge the Released Parties (defined above) from any and all claims or causes of action I may have for damages for personal or bodily injury, disability, death, loss or damage to person or property, whether arising from the negligence of any or all of the Released Parties or otherwise, to the fullest extent permitted by law.

Parent or Guardian Signature Print Name Date Signed