



**The Ice Center of Washington West**  
**546 River Road, Waterbury, VT, 05676**  
**(802) 244-4040**

## **Daily Waiver and Contact Tracing Form**

***This form needs to be printed and filled out prior to coming to the rink for your scheduled activity. Staff will collect this at the door and scan you for a temperature check.***

This shall certify that I, as participant or parent/guardian with legal responsibilities for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, I or my child/ward understands and accepts these risks and responsibilities for myself and child/ward. I hereby certify the following:

- A) I have not traveled outside of the state of Vermont within the last 14 days (unless for “essential” travel that is covered by the State of Vermont’s Executive order). Anyone living or residing outside the State of Vermont; when travelling to, visiting, and lodging in VT, I agree to abide by all the terms and conditions set forth by the State of Vermont Agency of Commerce before any active participation in a public setting (to view all terms and conditions please see link below).
  - a. <https://accd.vermont.gov/covid-19/restart/cross-state-travel>
- B) I have not to the best of my knowledge had ANY close contact nor cared for someone who has been diagnosed with Covid-19 within the last 14 days.
- C) I have not experienced ANY cold or flu symptoms within the last 14 days – regardless of severity. These symptoms include but are not limited to; fever, chills, shaking with chills, muscle pain (unrelated to physical activity), headache, loss of taste or smell, cough, sore throat, respiratory illness, shortness of breath, or difficulty breathing.
- D) I certify that if any of the conditions attested to in A) through C) above changes during the term of this participation, I will immediately cease participating and bring such change(s) to the attention of The Ice Center Management. I understand that I may not be allowed to resume participation for at least a period of 14 days or until providing documentary evidence of testing negative for Covid-19, in this instance I agree to cooperate fully with public health and other officials in developing contact tracing.
- E) I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. I further agree to comply fully with applicable federal, state and local guidelines with regard to Covid-19. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official or management immediately.

F) I accept that participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and Covid-19. While rules and personal hygiene/discipline may reduce this risk, the risk of serious illness and/or death does exist.

**In addition to the above statements - in consideration of being allowed to participate in any way in hockey/skating related events and activities at the Ice Center of Washington West, I acknowledge, appreciate, and agree that:**

The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist.

I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown of my participation at The Ice Center of Washington West, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation.

I willingly agree to comply with the stated and customary terms and conditions for participation at the Ice Center of Washington West. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE ICE CENTER OF WASHINGTON WEST, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

---

<b>Participants Name</b>	<b>Signature</b>	<b>Date</b>
--------------------------	------------------	-------------

---

**Address**

---

**Phone Number**

---

<b>Emergency Contact Name</b>	<b>Emergency Contact Phone Number</b>
-------------------------------	---------------------------------------

*If Participant is under 18 years of age:*

---

<b>Parent/Guardian Name</b>	<b>Parent/Guardian Signature</b>	<b>Date</b>
-----------------------------	----------------------------------	-------------