

UNITED SKATES OF AMERICA SKATING AGREEMENT

Name _____
PLEASE PRINT (LAST) (FIRST) (MIDDLE) (PHONE NO.)

Home Address _____
(STREET) (CITY) (STATE) (ZIP)

By participating in roller-skating, I expressly assume inherent risks associated with this activity. These include, but are not limited to: (1) losing my balance, (2) being bumped or contacted by another skater, (3) bumping or making contact with another skater, (4) other skaters traveling at different speeds (faster or slower) than me, or (5) other skaters weaving in and out.

If I see any of the following activities or conditions, I will stop skating, notify management immediately and will not resume skating until the matter has been taken care of (in addition, I shall not engage in this conduct): (1) debris, water, soda, candy or other substances on the rink surface or on the floor anywhere in the building; (2) any skater engaging in speed skating, skating backwards or skating in the wrong direction; (3) any skater pulling, shoving, pushing, playing tag, or chain skating; (4) any other condition which could cause a problem; (5) any problem with skates you have rented or owned by you; and/or (6) food/soda and hats are prohibited while roller skating (if I see any skater bringing these items on the rink surface, I will notify management immediately).

An inherent risk of exposure to COVID-19 exists in any public place where people are present. COVID-19 is an extremely contagious disease that can lead to severe illness and death. By visiting USA, you voluntarily assume all risks related to expo-sure to COVID-19.

I understand the rink does not provide instructions to skaters unless I specifically signed up for classes. The rink has free wrist guards available for use by every patron. I further understand that the rink has no obligation to provide safety equipment wrist/elbow/knee guards or helmets.

SKATING ABILITY LEVEL: BEGINNER _____ INTERMEDIATE _____ ADVANCED _____

DO YOU HAVE HEALTH INSURANCE? ___ YES ___ NO IF NO, WE RECOMMEND THAT YOU DO NOT SKATE.

I DISCHARGE and RELEASE United Skates of America Inc., from all liability arising out of or connected to my participation in roller-skating.

I have completely read this and fully understand its contents and agree to its terms.

I UNDERSTAND THAT I AM SKATING AT MY OWN RISK.

E-mail address: _____

SIGNATURE _____ DATE (11/3/20)

RULES OF THE FACILITY

- No chewing gum anywhere in the facility.
- Change shoes and skates in the locker area.
- All persons renting skates will be required to wear socks.
- For your safety and security, lock all coats, shoes and purses in lockers. We are not responsible for lost or stolen articles.
- Toe stops must be worn on all skates that have a place for toe stops.
- No sitting on the walls, counters, or table tops anywhere in the facility.
- All food and beverages must be kept in the concession seating area.
- No food or beverages, including alcoholic beverages, may be brought into the facility.
- While skating: No pushing, fast skating, playing tag, chain skating, or stopping at any time on the skate floor.
- Hats and head scarves are not permitted to be worn on the skate floor.
- Cell phones, mp3 players, cameras or other hand held loose objects are not allowed on the skate floor while skating.
- Reckless or inconsiderate skating will not be tolerated.
- Backward skating is not permitted during all-skates and is only permitted during designated specialty skates.
- Anyone wearing skates is not permitted to carry a child.
- If you are pregnant or have a serious medical condition that may be aggravated by exercise, please do not skate.
- Profanity or foul language is not permitted.
- We reserve the right to check all bags (Entering and Exiting) and lockers.
- Before leaving, please tuck the laces inside the skates and place the skates on the rental skate counter.
- All skating adults must sign an Adult Skater Agreement card or Adult Assumption of Risk Release card to skate.
- The rink has free wrist guards available for use by every patron.

We reserve the right to refuse admission to anyone not meeting the standards of good taste and to evict persons not following the policies of this facility.

Mandatory Health Screening Questionnaire

Minors/Dependents:

1) Name: _____

Phone Number: _____

Address: _____

Please circle Yes or No below:

- | | | |
|-----|----|---|
| YES | NO | I have knowingly been in close contact in the past 14 days with anyone who has tested positive for COVID-19 or who has or had symptoms of COVID-19. |
| YES | NO | I tested positive for COVID-19 through a diagnostic test in the past 14 days |
| YES | NO | I have experienced any symptoms of COVID-19 in the past 14 days |
| YES | NO | I have traveled within a state with significant community spread of COVID-19 for longer than 24 hours within the past 14 days |

2) Name: _____

Phone Number: _____

Address: _____

Please circle Yes or No below:

- | | | |
|-----|----|---|
| YES | NO | I have knowingly been in close contact in the past 14 days with anyone who has tested positive for COVID-19 or who has or had symptoms of COVID-19. |
| YES | NO | I tested positive for COVID-19 through a diagnostic test in the past 14 days |
| YES | NO | I have experienced any symptoms of COVID-19 in the past 14 days |
| YES | NO | I have traveled within a state with significant community spread of COVID-19 for longer than 24 hours within the past 14 days |

3) Name: _____

Phone Number: _____

Address: _____

Please circle Yes or No below:

- | | | |
|-----|----|---|
| YES | NO | I have knowingly been in close contact in the past 14 days with anyone who has tested positive for COVID-19 or who has or had symptoms of COVID-19. |
| YES | NO | I tested positive for COVID-19 through a diagnostic test in the past 14 days |
| YES | NO | I have experienced any symptoms of COVID-19 in the past 14 days |
| YES | NO | I have traveled within a state with significant community spread of COVID-19 for longer than 24 hours within the past 14 days |

4) Name: _____

Phone Number: _____

Address: _____

Please circle Yes or No below:

- | | | |
|-----|----|---|
| YES | NO | I have knowingly been in close contact in the past 14 days with anyone who has tested positive for COVID-19 or who has or had symptoms of COVID-19. |
| YES | NO | I tested positive for COVID-19 through a diagnostic test in the past 14 days |
| YES | NO | I have experienced any symptoms of COVID-19 in the past 14 days |
| YES | NO | I have traveled within a state with significant community spread of COVID-19 for longer than 24 hours within the past 14 days |