

RELEASE OF LIABILITY

PLEASE READ CAREFULLY BEFORE SIGNING. THIS IS A RELEASE OF LIABILITY AND WAIVER OF RIGHTS.

“EVENT”: *SKATING BY THE SEA* at Hotel del Coronado

PARTICIPANT: Listed below

1. I acknowledge that participation in the Event is or may be **HAZARDOUS/DANGEROUS** and may involve a great risk of physical injury. I expressly assume all risk associated with participating in the Event at the ice skating rink at Hotel del Coronado (the “Rink”).

2. In consideration of taking part in the Event I agree to, the fullest extent provided by law to:

(i) Release and hold harmless IRE RINKS CALIFORNIA, LLC , HOTEL DEL CORONADO, LP and HILTON MANAGEMENT, LLC , each of its subsidiaries and affiliates, their respective agents, officers, directors, owners, contractors and employees (collectively, the "Released Parties") from any and all claims and causes of action I might otherwise have or be entitled to assert as a result of or related to physical injury or otherwise, including without limitation death, or property damage or loss sustained in connection with the Event, including without limitation those claims and causes of action based on negligence, breach of warranty or breach of contract; and (ii) Indemnify and defend the Released Parties for any claim or cause of action asserted or brought by any third party resulting from or otherwise related to my participation in the Event or my failure to perform any undertaking or agreement contained in this Release of Liability or my failure to adhere to the rules and regulations listed in the signage posted at or around the Rink.

3. I understand that before participating in an event that involves exercise and/or a health related program that I should consult my physician. I warrant and represent that I am in good health and that I have no special needs or instructions in regard to my physical condition and that I am able to participate in the Event without limitation. I ASSUME ALL RISK OF INJURY that may be sustained by participating in this Event or by others or which may result from my use of the Rink and I agree to ASSUME ALL RISK OF DAMAGE TO PERSONAL PROPERTY I own or owned by others that may result from my participation in the event or my use of the Rink.

4. If I am signing this Release of Liability on behalf of a minor (less than 18 years of age) (the "Child"): I represent that I am the parent and/or legal guardian of such Child; I accept responsibility for all Child's medical expenses incurred in connection with the Event; I agree to indemnify the Released Parties for any claim brought by the Child; and I agree to indemnify the Released Parties for any claim brought by a third party arising in connection with the Child.

5. I irrevocably grant the Released Parties permission to use and own the copyright to any photograph, videotape or other likeness of myself and/or my Child while participating in the Event; such material, including publishing the Child's and/or my name, may be used in any medium for any marketing and sales purpose whatsoever.

6. I authorize Released Parties personnel to call medical care for me and/or my Child and to transport the same to a medical facility or hospital if, in the sole opinion of such personnel, medical attention is needed for me and/or my Child. Further, I agree to pay any and all costs and expenses associated with any such medical care and/or related transport and I hereby indemnify and hold harmless the Released Parties of and from all such costs.

7. This agreement is binding on my estate, heirs, administrators and assigns.

I HAVE CAREFULLY READ THE FOREGOING RELEASE OF LIABILITY, UNDERSTAND ITS CONTENTS AND SIGN IT WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE. I AM AT LEAST 18 YEARS OF AGE.

Signed on this date: _____, 2017

X _____
Signature of Adult Participant/Guardian/Parent

Print address of Participant:

List Children's names for which each adult parent/guardian is responsible:

Print name of Child Participant: _____

Print name of Adult Participant: _____

Print name of Child Participant: _____

Print name of Adult Participant: _____

Print name of Child Participant: _____

Print name of Adult Participant: _____

In case of emergency contact: _____

Relationship to Child _____