BARCLAYS CENTER

CONSENT AND RELEASE

In consideration for being permitted to participate in "Brooklyn Open Skate" event at the Barclays Cer (located at 620 Atlantic Avenue, Brooklyn NY 11217) on January 18, 2016 ("Event"), I agree to the following:					
1. In connection with the death, disability, or bodil any cause whatsoever, or from my participation in	y injury that I m any death, disabi	ay suffer, or dam	age to propert	ty that may be ca	used, arising from
I forever discharge and r Center, LLC d/b/a Barch Islanders (the "Islanders (the "NHL"), their resp directors, agents, and of directly or indirectly arise claim or legal action of a representatives shall or h	ays Center ("BE"), the National lective related co ther representativesing from any such any nature, know	C"), New York I Basketball Associ ompanies and enves, successors, a ch death, disability, or unknown, i	slanders Hock ation (the "NI tities, and the nd assigns, fr ty or bodily in	key Club, L.P. d/d BA"), the National eir respective en rom all claims, le jury or property	b/a the New York al Hockey League polyees, officers osses, or damages and any
2. I release and transfer in and to my participation film, or any other method media and modes of advand their respective relations.	on in the Event and dis, and (ii) the wertising or promo	nd the reproductions of my name, justions of or by the	on or other tra picture, portra e NETS, BEC,	anscriptions of thait, likeness, or ic the Islanders, th	he Event by video dentification in al
By signing this Consent a in this Consent and Relea				understand the p	rovisions set forth
INDIVIDUAL: Name (Pl	ease Print)			Age	_
Date of Birth (Mo.)	_(Day)(Yea	r)Addres	ss		-
(City/Town)	(State)	(Zip)	Tel. No. (_	_)	
SIGNATURE			Date		
PARENT/GUARDIAN (I Barclays Center Ice):	Required for Partic	cipant(s) Less than	18 Years of A	ge on the Date of	Use of
I affirm that I am the pa authorization, and the r release described above; their respective affiliat representatives, successo invalidity of this affirmat	elease described and I agree to in es and related rs, and assigns	above; I have rendemnify the NE companies and	ad and I undo FS, BEC, the entities and	erstand this auth Islanders, the NI their respective	norization and the BA, the NHL, and e employees and
Name (Please Print)				_	
Address			_(City/Town)_		_
(State)	(Zip)		_(Tel. No.) (_)	
SIGNATURE		D	ate		