

2011 Spring Break... Pick Your Week Skate Camp

- Week No. 1- Monday, April 11 thru Friday, April 15
- Week No. 2- Monday April 18 thru Friday, April 22

Application and Waiver

Name: _____

Week No.1 – April 11-15 _____ Week No. 2 - April 18 -22 _____

Age: _____ Beginner _____ Intermediate _____ New Camper _____ Renewal _____

ADDRESS: _____

CITY: _____ STATE _____ Zip _____

PHONE: _____ Email _____

Parents Name: _____ How did you hear about us? _____

FEE: **\$150.00 PER CHILD** (Registration accepted by phone with Credit Card)(10% discount offered to siblings)

Method of Payment: CASH: _____ CHECK - #: _____ CC# & exp. _____

Request to be placed with _____

PARTICIPANT WAIVER AND RELEASE OF LIABILITY

I acknowledge and assume all risks of injury associated with participation in the ICE HOUSE'S skating programs. I also agree that Midtown Bridge LLC d/b/a ICE HOUSE ("ICE HOUSE"), and any and all of its current or former directors, officers, members, employees, attorneys, representatives, insurers, agents, successors, and assigns (individually and collectively the 'RELEASEES'), shall not be liable to me or my child for any injury or damage, however caused, resulting directly or indirectly from my child's participation in any ICE HOUSE programs at any time proceeding, during or after such program is in session. I further understand that no medical, dental, or accident insurance is provided to any ICE HOUSE program participant, including my child, and I, by the ICE HOUSE.

I release, discharge, and promise not to sue the RELEASEES from and with respect to any and all claims, actions, suits, liabilities, or damages whatsoever which against the RELEASEES, my child and I have, or hereafter can, shall or may have for, upon, or by reason of any injury or damage to me or my child. I intend this release to be a general release of any and all claims to the fullest extent permissible by law.

I agree to indemnify and hold harmless the RELEASEES from and injury or damage, however caused, sustained by an invitee or guest if either me or my child resulting directly or indirectly from that invitee or guest's participation in any and all ICE HOUSE programs at any time proceeding, during, or after such program is in session.

I grant ICE HOUSE the right to use all photographs or videos taken of me or my child during any ICE HOUSE programs for advertising and promotional purposes.

SKATERS NAME (please print) _____

PARENTS NAME (please print) _____

SIGNATURE _____ DATE _____

- *Waiver must be signed before or on the first day of camp in order to participate/ No Refunds*