



Figure Skating Clinic

August 16th, 23rd, & 30th, 2016 5:00-6:00pm

ONLY \$20 PER DAY

\$25.00 per day if skater is not signed up for all 3 days.

Clinic will include:

Freestyle class and a focus on turns and edges, gliding maneuvers, and power.

LOU & GIB REESE ICE ARENA 2016 AUGUST FUNDAMENTALS IN FIGURE SKATING CLINIC

PLEASE PRINT CLEARLY & SIGN WAIVER FORM:

Name: _____

Parent/Guardian Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone (H): _____ (C) _____

Email: _____

Date of Birth: _____ Age: _____

Please Circle Days Attending: August 16 23 30

Highest Test Passed: _____

TOTAL AMOUNT DUE (\$25/Day; \$60 for 3 Days): _____

MAKE CHECK PAYABLE AND MAIL TO:

Lou & Gib Reese Ice Arena
936 Sharon Valley Road; Newark, OH 43055
PHONE: (740) 349 - 6784

WAIVER FORM

In consideration of being allowed to participate in any way in Lou & Gib Reese Ice Arena (LGRIA) programs, related events, and activities, the undersigned acknowledges, appreciates, and agrees that:

- 1) 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 injury does exist; and 2) I KNOWINGLY AND FREELY ASSUMES ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASERS or others, and assumes full responsibility for my participation; and 3) I willingly agree to comply with the stated and customary terms and conditions for participation. 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 instructor immediately; and 4) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HARMLESS LGRIA, CITY OF NEWARK, its elected officials, officers, employees, participants, sponsoring agencies, sponsors, advertisers and, if applicable, owners and lessors premises used to conduct the event ("Releasers"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASERS OR OTHERWISE, I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

PARTICIPANTS SIGNATURE

DATE

FOR PARTICIPANTS OF MINORITY AGE - (Under Age 18 at time of registration)

This is to certify that I, as a parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above all the Releasers, and for myself, my heirs, assigns and next of kin, I do also release and agree to indemnify the Releasers from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above. EVEN IF ARISING FROM NEGLIGENCE.

PARENT/GUARDIAN'S SIGNATURE

DATE

Allow photos to be taken for program advertising yes ___ no ___