CAMP APPLICATION

Name: _____ Age: _____

Address: _____ City: _____ Zip: _____

Phone: _____

Emergency Contact: _____ Phone: _____ (cell/home/work)

ASSUMPTION AND ACKNOWLEDGEMENT OF RISKS AND RELEASE OF LIABILITY AGREEMENT

Consideration of being instructed and/or coached for ice skating in any way by Florida Ice Arena Inc., along with any related events and activities, the undersigned acknowledge and agrees that:

1. The activities involved in this program have a significant risk of injury including permanent paralysis and even death.
2. I knowingly and freely assume all risks, both known and unknown even if arising from negligence of the releases or others and I assume full responsibility for my participation.
3. I willingly agree to comply with the state customary terms and conditions for the participant; however, if I observe any unusual or significant hazard during my presence or participation, I will immediately notify the nearest official of any such hazard.
4. I for myself and on my behalf of my heirs, assigns, personal representatives and next if kin, hereby release indemnify and hold harmless Florida Ice Arena Inc., its officers, officials, agents and/or employees, other participants, sponsoring, agencies, sponsor, advertisers and if applicable owners and lessors of premises used to conduct the event ("Releases") with respect to any and all injury, disability, death or loss of damage to a person or property whether arising from the negligence of the releasers or otherwise to the fullest extent permitted by law.

I have read this release of liability and assumption of risk agreement. I fully understand its terms, I understand that I have given up substantial rights by signing it and I freely and voluntarily without any inducements.

Student: _____ Age: _____ Date: _____

For parents/guardians of participants under age 18 at time of registration: This is to certify that I as a parent/guardian with legal responsibility, so consent and agree to his/her release provided above of all the releases and for myself, my heirs, assign and next of kin. I release and agree to indemnify and hold harmless the release from any kind of liabilities incident to my minor child's involvement or participation in these programs as provided above, even if arising from the negligence of the releases to the fullest permitted by law.

_____ _____

Parent/Guardian Emergency Phone #

Please Circle

Weekly Full Day Camp 8:30AM – 3:00PM or Weekly Half Day Camp 8:30AM – 12:20PM

Full Day 8:30AM – 3:00PM or Half Day 8:30AM – 12:30PM

Unsupervised Extended hours 3:15PM – 5:00PM (1 hr of Freestyle, snack & drink) $10.00 Daily

Sorry…No credits or refunds for missed day's _____ initials

OFFICE ONLY

Amount Paid: _____ Method: CASH/CHECK/CC Date: _____

Date(s) enrolled: _____ Employee: _____

OFFICE – PLEASE TYPE IN THE DATES ENROLLED ON THE RECEIPT. STAPLE THE RECEIPT TO THIS FORM. FILL OUT ALL ABOVE INFORMATION.