

JUNIOR STARS

APPLICATION & WAIVER

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.

SIGNATURE _____ DATE _____

JUNIOR STARS Application

Fall	Winter I	Winter II	Spring
Sept. 12-Nov. 13	Nov. 14-Feb. 5 <i>No class: 11/21-11/27 12/19-1/1/12</i>	Feb. 6-Apr. 15 <i>No class: 4/2-4/8</i>	Apr. 16-June 24 <i>No Class: 5/21-5/28</i>

9 Weeks: \$300 (+ \$15 Annual Registration Fee)

No Class: July 4 & 7

One Day Per Week: \$175 (+ \$15 Annual Registration Fee)

\$25 per day

Monday's / Thursday's

SKATERS NAME _____ HIGHEST TEST PASSED _____

ADDRESS _____ CITY _____ ZIP _____

PHONE H: _____ W: _____ C: _____

SKATERS AGE: _____ PARENTS NAME: _____ AMT. DUE \$ _____

CASH _____ CHECK # _____ CREDIT CARD # _____ EXP _____

NAME (Print) _____ SIGNATURE _____