

SPRING BREAK SKATE CAMP

at **ICE HOUSE** Hackensack, NJ

5 DAYS MONDAY THRU FRIDAY APRIL 10,11,12 ,13 &14



5 DAYS OF CAMP @ \$160.00

Time: 9:15 am -11:45 am

1 Hour Group Lesson Daily

Counselor Supervision

(Your own helmet, of any kind is required)

Tee Shirt

Ice Games

Sleigh & Chair Rides

Ice Painting, Relay Races & other ice games

Laser Lights & Music

Skating Fun for Children of all Ages

SELLS OUT QUICKLY!

Application on the reverse side

Register early! Sells out!

To Register Contact ICE HOUSE ask for Yvette

201-487-8444 ext. 210

Yvette@icehousenj.com

SPRING BREAK SKATE CAMP 2017

MONDAY APRIL 10 THRU FRIDAY APRIL 14 (5 DAYS)

Name : _____

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

ADDRESS: _____

CITY: _____ STATE _____ Zip _____

PHONE: _____ Email _____

Parents Name: _____ Referred by _____

Price per camper \$160.00 _____ Sibling Discount \$144.00 _____

CC# _____ Expiration _____

Name on card _____ Zip code _____

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/on the first day of camp in order to participate/ No Refunds/ Helmet of any kind required.