



3345 HILLSIDE AVENUE, NEW HYDE PARK N.Y. 11040 • 516-746-1100  
Iceland Group Lesson Application 2011-2012

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender M F

Email Address \_\_\_\_\_

Preferred Day /Time \_\_\_\_\_ Age \_\_\_\_\_

Level of Skater \_\_\_\_\_ (IE; never skated, rec. skater, or level passed)

#### ICELAND WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in this ice skating lesson program, and all future programs and related activities and events, the undersigned: 1. Acknowledges and fully understands that each participant will be engaging in activities that involves risks of serious injury including death or paralysis which might result from their own actions, inactions, or negligence of others, the rules of play, or the condition of the premises or any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at the time. 2. Assume all of the foregoing risks and accept personal responsibility for the damages following such injury. 3. Release, waiver, discharge, agree to hold harmless and covenant not to sue other participants, sponsors, and if applicable owners and lessees of the premises used to conduce the event, all of which are hereinafter referred to as "releases", from demands, losses, or damages on account of injury caused or alleged to be caused in whole or in part by the ordinary negligence of the releases or otherwise. I agree that if any portion of this waiver and release is held invalid, the balance shall, notwithstanding, continue in full legal force and effect. 4. I agree I shall provide health insurance or other applicable insurance to cover any personal injury and property damage sustained by the participant while participating in the activities of the rink, and that in consideration services provided in connection with this ice skating program. 5. In the event of an accident or illness, the facility has my permission to provide emergency first aid care.

**THE UNDERSIGNED HAS READ THE ABOVE WAIVER AND RELEASE, UNDERSTOOD THAT THEY HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY. I UNDERSTAND THERE IS NO MEDICAL OR ACCIDENT INSURANCE PROVIDED.**

Parents Name (please print): \_\_\_\_\_

Parents Signature: \_\_\_\_\_

Skaters Name: \_\_\_\_\_