



DEEP FREEZE SKATING CLUB SUMMER FREESTYLE

Wednesday 6-9 PM & Sunday 9:45 AM-11:45 AM
Every Wednesday and Sunday: June 5 - July 31, 2022 (except no ice July 3rd)

Skater Name: _____ Birthdate: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian Name(s): _____

(if skater over 18, put skater phone # & email)

Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

Deep Freeze Skating Club Summer Freestyle Options

- \$20** - One Hour Walk-On: skater pays the ice monitor before entering the ice for each hour during club freestyle sessions on Wednesday evenings and Sunday mornings starting June 5 through July 31 except July 3rd.
- \$240** - 16 Hour Punch Card: skater will have 16 hours to use at any club freestyle session on Wednesday evenings and Sunday mornings starting June 5 through July 31 except July 3rd. A savings of \$80+ off the walk-on rate.
- \$400** - All Summer Access Card: skater will be able to attend every club freestyle session on Wed. evenings and Sun. mornings starting June 5 through July 31 except July 3rd. A savings of half off the walk-on rate. Non-transferable.

Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement

In consideration of my participation in any Deep Freeze Skating Club related activity, I acknowledge that I understand the nature of the activity and that I, and/or my minor child, am qualified, in good health, and in proper physical condition to participate in such activity. I acknowledge that if conditions are unsafe, I, and/or my minor child, will immediately discontinue participation in the activity.

I fully understand that skating involves risks of serious bodily injury, including permanent disability, paralysis, and death, and that these and other risks may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the Releases named below; and that there may be other risks either not known to me or not foreseen at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation in the activity.

I acknowledge that novel coronavirus (COVID-19) infections are still prevalent throughout the United States, including Ohio. I understand and appreciate the known and potential dangers of exposure to COVID-19, which could result in quarantine, illness, disability, and/or death. I understand and appreciate that participating in any DFSC related activity, despite DFSC reasonable efforts to mitigate the dangers, may result in exposure to COVID-19.

I hereby release, discharge, and covenant not to sue Deep Freeze Skating Club, LLC (DFSC), their respective administrators, directors, agents, officers, volunteers, and employees, and any sponsors and advertisers of any sanctioned event in which I participate (each considered one of the Releases herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the Releases whether due to COVID-19 or otherwise. This release waiver of liability and express assumption of risk agreement does not apply to any liability, claims, demands, losses, or damages arising out of the gross negligence of, or intentional, willful or wanton misconduct of Releases. If I, or anyone on my and/or my minor child's behalf, makes a claim, I agree I will indemnify, defend, save, and hold harmless each of the Releases from any loss, liability, damage, or cost which any may incur as the result of such claim. I acknowledge that there are no refunds given for sessions missed or cancelled, regardless of the reason for cancellation or absence.

The Deep Freeze Skating Club (DFSC) has my permission to use my or my child's photograph publicly to promote DFSC. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

I acknowledge that I have read this release, waiver of liability and express assumption of risk agreement and fully understand it. Please enter all participants' names below and have the parent/guardian sign for all minors under the age of 18 years old.

Participant Name _____

Date _____

Parent/Legal Guardian Signature (or Participant if over 18) _____

Date _____

BOARD USE ONLY - DATE RECEIVED: _____ AMOUNT: _____ PAYMENT TYPE: _____ CASHIER: _____