

DEEP FREEZE SKATING CLUB PRESENTS

THEATER On ICE

Sunday 6:15-7:15 pm 7 week series

\$125
per
series

Series 1: Sept. 13, 20, 27, Oct. 4, 11, 18, 25

Series 2: Nov. 1, 8, 15, 22, 29, Dec. 6, 13

Series 3: Jan. 10, 17, 24, 31, Feb. 7, 14, 21

Series 4: Feb. 28, Mar. 7, 14, 21, 28, Apr. 11, 18

ALL SKILL LEVELS WELCOME!

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Birthdate: _____

Email: _____

Make Checks Payable to Deep Freeze Skating Club or DFSC

FOR ADMINISTRATIVE USE ONLY

Skill Level: _____

Cash

Check # _____

Credit Card (\$3.00 fee)

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

In consideration of my participation in any Deep Freeze Skating Club Theater On Ice 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 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. 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 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

Date

Photo Release

The Deep Freeze Skating Club (DFSC) has my permission to use my or my child's photograph publicly to promote DFSC and /or the Theater On Ice program. 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.

Parent/Legal Guardian Signature

Date



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