



Parent & Child

LEARN-TO-SKATE

This class is designed for children ages 2-4 and either Mom or Dad

REGISTER ONLINE/ BY MAIL NOW TO RESERVE YOUR SPOT!

- ❖ NO Loaner Skates available.
- ❖ 30 minute lesson, first 10 minutes off ice.
- ❖ Very limited spaces available.

For Information contact:

The Skate Great Office (716) 580-3458
www.sk8gr8.com

<p>Fridays Holiday Rinks 2:00-2:30 / 2:30-3:00 November 6, 13, 20</p>
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Registration Form –Parent & Child 2020
 Make check or money order payable to:
 Skate Great
 PO Box 67, Buffalo NY 14225



Parent's Name _____ Male/ Female _____ Birthdate _____

Skater's Name _____ Male/ Female _____ Birthdate _____

Address _____ City _____ Zip _____

Phone _____ *E-mail (discounts & announcements) _____

<p>LEISURE RINKS 75 Weiss Road Orchard Park, NY 14224</p>	<p>HOLIDAY TWIN RINKS 3465 Broadway Cheektowaga, NY 14227</p>
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<u>Day:</u>	<u>Time:</u>	<u>Dates:</u>	<u>Rink:</u>	<u>Amount:</u>
Fridays:	2:00 – 2:30 _____ / 2:30 – 3:00 _____	November 6, 13, 20	Holiday Rinks	\$36.00

SKATE GREAT COVID Waiver - COMMUNICABLE DISEASE
RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

In consideration of being allowed to participate in any way in the program, related events and activities, I the undersigned, acknowledge, appreciate, and agree that:

I am aware there are risks to me or my child of exposure to directly or indirectly arising out of, contributed to, by, or resulting from an outbreak of any and all communicable disease, including but not limited to, the virus "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)", which is responsible for Coronavirus Disease (COVID-19) and/or any mutation or variation thereof. I acknowledge my responsibility not to allow my child to practice if exhibiting symptoms of COVID-19. If, however, I (or my child) observe any symptoms during participation or practice, we have agreed to discontinue participation, and will bring such to the attention of the coach immediately.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS SKATE GREAT, its officers, officials, agents and/or employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (RELEASEES), from any and all claims, demands, losses, and liability arising out of or related to any ILLNESS, INJURY, DISABILITY OR DEATH I or my child may suffer, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

As a parent or guardian of this student, I hereby consent to the use of photographs/videotape taken during the course of the session for publicity, promotional and/or educational purposes (including publications, presentation or broadcast via newspaper, internet or other media sources).

I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

Yes, I give consent for Skate Great to use photographs my child. No, I do not authorize Skate Great to use any photographs of my child.

Total Amount Paid: _____ Check # _____

Print Name _____ Signature _____ Date: _____

Skate Great assumes no responsibility for any accident or injury to any participant. No Refunds / Exchanges. \$50.00 fee for all returned checks.