

SHARPER EDGE SKATING SCHOOL 100 POWDERMILL RD- PMB 233 ACTON, MA 01720 (978) 369-0088



(mailing address only)

ADAPTIVE SKATING PROGRAM Winter 2 2024 Application

01/13/24 – 03/16/24 No Ice: 2/17 & 2/24

Form Due: 12/21/23

Skater's Name:			DOB:			
Address:			City: Zip:			
Age:	M / F	F Phone:				
Parent #1 I	nformation:	<u>Par</u>	ent #2 Inf	Cormation:		
Name:			Name:			
Phone #:			Phone #:			
Email Address:(Print Clearly)			Email Address:(Print Clearly)			
Allergies: _						
Diagnosis:						
Saturday	01/13/24 - 03/16/24	12:40-1:20pm	8 weeks	40 Mins	\$206.00	
			,	Late Fee: Received	\$10.00	
Please register early. Your skater is not enrolled in the class until a completed form and full payment are received. SESS reserves the right to limit enrollment. The class you select				after 12/21/23 TOTAL:		
will be yo no swi Registration PROGR regarding	the right to limit enrolling ur class day & time for the tches. No refunds once to the form fee is WAIVED for slaw. Please refer to our registration fees, family S / GUARDIANS OF PARTIES THE BUILDING I	the entire session, the session has start waters in our ADAl website for inform discounts, & male ARTICIPANTS	ere are red. PTIVE ation se ups. MUST	Find us	on De ok	

CLASS.

Visit our website at: www.SharperEdgeSkating.com

Sharper Edge Skating School Waiver and Release

I hereby assume all risks and hazards incident to participation in any and all Sharper Edge Skating School	
activities. I hereby waive, release Sharper Edge Skating School, their professionals and employees of any l	harn
and injury	

	J -		
V			
A			Data
4 N			Date.

Signature (Parent or Guardian if skater is under 18)

AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the SHARPER EDGE SKATING SCHOOL INC. athletic/sports program, related events and activities, the undersigned acknowledges, appreciates and agrees that:

- 1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce the risk, the risk of serious injury does exist; and,
- 2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
- I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
- 4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS THE VALLEY SPORTS INC. and SHARPER EDGE SKATING SCHOOL, INC. their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person property, WHETHER ARISING FROM NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE KEAD THIS KELEAS	E OF LIABILITY AND ASSUMPTION OF KISK
AGREEMENT, FULLY UNDE	RSTAND ITS TERMS, UNDERSTAND THAT I HAVE
GIVEN UP SUBSTANTAL RIC	GHTS BY SIGNING IT, AND SIGN IT FREELY AND
VOLUNTARILY WITHOUT A	NY INDUCEMENT.
Y	D-4- C:1.
Λ	Date Signed:

PARTICIPANT'S SIGNATURE

FOR PARTICIPANTS OF MINORITY AGE

(UNDER AGE AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in the programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

X				
Parent/Guardian's Signature	Emergency Phone # (s)			
Date Signed:				
Additional Emergency Contact Info: Name:				
Phone # :				