

# Summer Fun on Ice

## Figure Skating Skills Camp

Monday, Aug. 10 - Friday, Aug. 14, 2020  
9am-12:45pm

at Plymouth State University Hanaway Ice Arena  
REGISTRATION FORM

Skater's Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

Highest Level Passed:\*\* \_\_\_\_\_ (Basic Skills/Freestyle)  
\_\_\_\_\_ (Moves in the Field))

Parent/Guardian(s) Name(s): \_\_\_\_\_

Parent/Guardian Contact Information: \_\_\_\_\_ (phone)  
\_\_\_\_\_ (email)

Skater is registering for:  full-week enrollment (Monday 8/10-Friday 8/14) at a cost of \$350  
 single day enrollment at a cost of \$75/day.  
Skater will be attending (please check all that apply):  
\_\_\_Monday 8/10 \_\_\_Tuesday 8/11 \_\_\_Wednesday 8/12  
\_\_\_Thursday 8/13 \_\_\_Friday 8/14

**Assumption of Risk: [Initial]** \_\_\_\_\_ I, [parent, guardian, or sponsor if under 18] agree to be bound by the rules and regulations of the Magic Blades Figure Skating Club and Plymouth State University Hanaway Ice Arena. I understand that coaches, officials, and representatives accept no responsibility for damage or injuries suffered by skaters, officials, or spectators during this figure skating skills camp.

**Photo/Video Consent: [Initial]** \_\_\_\_\_ I hereby grant Magic Blades Figure Skating Club and Plymouth State University Hanaway Ice Arena permission to use and publish photo-graphs or video images of the skater listed above, for any purpose authorized by MBFSC or Ice Arena management including but not limited to: website use, editorial publications, catalog, and advertising use.

Signature of Skater: \_\_\_\_\_  
Signature of Parent/Guardian: \_\_\_\_\_

Please complete this registration form and send with the program fee of \$350/week or \$75/day to:

**Beth Weick, 107 Old Cemetery Rd., Dorchester NH 03266**

**Registration deadline is: Monday, August 3rd, 2020**

\*\*Minimum Freestyle Requirement: Basic 6; there is no requirement for Moves in the Field levels\*\*

\*Please sign and return with your Registration Form & payment to Beth Weick by August 3<sup>rd</sup>\*

## **Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement ("Agreement")**

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In consideration of participating in "Summer Fun on Ice: Figure Skating Skills Camp" activities, I represent that I understand the nature of figure skating activities ("activity") and that I am qualified, in good health and in proper physical condition to participate in such "activity". I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the "activity".

I fully understand that this "activity" involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the "activity", the conditions in which the "activity" takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable 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 Coach Beth Weick, Magic Blades Figure Skating Club, Plymouth State Skating Academy, Plymouth State University Hanaway Ice Arena, United States Figure Skating, it's directors, officers, administrators, sponsors, volunteers, agents, employees, staff, instructors, trainers, other participants and if applicable, owners and lessors of premises on which the "activity" takes place (each considered one of the "Releasees" 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 "releasees" or otherwise, including negligent rescue operations; and I further agree that if, despite this release, waiver of liability, and assumption of risk, I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the releasees from any loss, liability, damage, or cost which any may incur as the result of such claim.

I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

Printed Name of Participant \_\_\_\_\_

Date \_\_\_\_\_

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Signature of Participant \_\_\_\_\_

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Signature of Parent/Guardian, if participant is under the age of 18 \_\_\_\_\_

\*Please sign and return with your Registration Form & payment to Beth Weick by August 3<sup>rd</sup>\*

## **PARENTAL CONSENT AND INDEMNIFICATION AGREEMENT**

I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such "activity". I hereby release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses, or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claims against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasees may incur as the result of any such claim.

\_\_\_\_\_  
Printed Name of Parent/Guardian

Date\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

### Consent for Medical Attention or Treatment

I certify that I, the participant, or I, the parent/guardian of said participant, give my consent to Coach Beth Weick and to the facility the activities are taking place in and their staff to obtain medical care from any licensed physician, hospital, or clinic, including transportation and emergency medical services, for myself/ourselves and/or said participant for any injury that could arise from participation in these activities.

\_\_\_\_\_  
Name of Minor Child Participant (please print)

Name(s) of Parent(s)/Guardian(s) \_\_\_\_\_  
(please print)

1st Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

2nd Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Name of Adult Participant (please print)

Adult Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

This Consent for Medical Attention shall be binding and effective for the duration of "Summer Fun on Ice: Figure Skating Skills Camp," which runs August 10-August 14, 2020.