



2 Kennedy Plaza
Providence, RI 02903
401.331.5544 phone
401.331.5588 fax

LEARN-TO-SKATE REGISTRATION AND RELEASE FORM

NAME _____ AGE _____

ADDRESS _____ Over 30 years _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____

WORK NUMBER _____

EMERGENCY CONTACT PERSON _____

EMERGENCY CONTACT PHONE _____

MEDICAL/HOSPITAL INSURANCE COMPANY _____

Skating Ability:

Beginner _____ Badge Level _____ Adult Beginner _____ Adult Intermediate _____

ASSUMPTION OF RISK: In consideration of my participation in Bank of America City Center skating lessons, 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 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' participation in the event, the conditions in which the event takes place, or the negligence of the Release's named below; and that there may be other risks either not known to me or not foreseen at the time; and I fully accept and assume all such risk and all responsibility for losses, cost, and damages I incur as a result of my participation in the activity.

RELEASE AND WAIVER OF CLAIMS AGREEMENT: I hereby release, discharge, and covenant not to sue the Bank of America City Center, City of Providence, skating instructors and their respective administrators, directors, from all liability, claims, demands, losses, or damages on my account causes or alleged to be cause in whole or in part by the negligence of the 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, make a claim which does not arise from the gross negligence of intentional, willful or wanton misconduct of Release's against any of the Release's, I will indemnify, defend, save and hold harmless each of the Release's from any loss, liability, damage, or cost which may incur as the result of such claims.

I acknowledge that I have read this release/waiver of liability and express assumption of risk agreement and fully understand it.

Signature of Participant (only if age 18 or over) _____

Signature of Parent/Legal Guardian _____

Date Signed _____