

ICE HOUSE

111 Midtown Bridge Approach, Hackensack, NJ 07601
Tel. 201-487-8444 Fax 201-498-1250

APPLICATION FORM

Summer Skate Camp
August 21-24, 2006
August 28-31, 2006

CAMPER'S NAME: _____
ADDRESS: _____
CITY: _____ ST _____ ZIP _____
HOME PHONE _____
CAMPER'S AGE _____ BIRTHDATE _____
PARENT'S NAME _____
How did you hear about us? _____

CIRCLE ONE:

New Camper Renewal Camper

PLEASE CIRCLE LEVEL:

Beginner Intermediate

PLEASE CIRCLE WEEK:

Aug 21-24 Aug 28-31

FORM OF PAYMENT

AMOUNT \$125

CASH: _____ CHECK # _____ (PAYABLE TO ICE HOUSE)

CREDIT CARD# _____

MC VISA AMEX

EXPIRATION DATE: _____

NAME AS IT APPEARS OF CREDIT CARD: _____

Liability waiver must be signed before attending classes

NO REFUNDS

PARTICIPANT WAIVER AND RELEASE OF LIABILITY

I acknowledge and assume all risks of injury associated with participating in the ICE HOUSE'S SKATING PROGRAMS. I ALSO AGREE THAT MIDTOWN BRIDGE LLC d/b/a ICE HOUSE ("ICE HOUSE"), and any and all of its current or former directors, officers, members, employees, attorneys, representatives, insurers, agents, successors, and assigns (individually and collectively the 'RELEASEES'), shall not be liable to me or my child for any injury or damage, however caused, resulting directly or indirectly from my child's participation in any ICE HOUSE programs at any time preceding, during or after such program is in session. I further understand that no medical, dental, or accident insurance is provided to any ICE HOUSE program participant, including my child, and I, by the ICE HOUSE. I release, discharge, and promise not to sue the RELEASEES from and with respect to any and all claims, actions, suits, liabilities, or damages whatsoever which against the RELEASEES, my child and I have, or hereafter can, shall or may have for, upon, or by reason of any injury or damage to me or my child. I intend this release to be a general release of any and all claims to the fullest extent permissible by law. I agree to indemnify and hold harmless the RELEASEES from any injury or damage, however caused, sustained by an invitee or guest if either me or my child, resulting directly or indirectly from that invitee or guest's participation in any and all ICE HOUSE programs at any time preceding, during, or after such program is in session. I grant ICE HOUSE the right to use all photographs or videos taken of me or my child during any ICE HOUSE programs for advertising and promotional purposes.

Date _____

Print Participant's Name _____

Print Parent/Guardian's Name _____

Signature of Parent/Guardian _____

NO REFUNDS