

Indiana World Skating Academy

Youth Hockey School

Summer Schedule: Session #4



Session Dates: Friday Evenings PM 6:00 PM– 7:30 PM
July 9th, 16th, 23rd July 30th (no class) , August 6th, 13th, 20th, 27th and
September 3rd = Last day of class and test day

Each Session is five (8) Weeks Long
Cost \$130.00 Per Student for
Full Hockey Gear Required (Sticks but No Pucks)

*** Classes may be combined or split as needed. *** Refunds due to illness or injury only.

For Registration, ALL LINES MUST BE COMPLETED AND PLEASE PRINT

Name: (First) _____ **(MI)** _____ **(Last)** _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Home Phone: _____ **Work:** _____ **Mobile:** _____
Birth Date: _____ **Gender: Male** _____ **Female** _____ **# of yrs. playing hockey** _____
email: _____
Hockey Rink League Affiliation in any: (e.g. IWSA) _____
League Hockey coach (if applicable): _____
How did you hear about our school? _____
What, if any, are your goals for this session?

Please mail payment and registration to: IWSA, 201 S. Capitol Ave. #001, Indianapolis, IN 46225. For more information, visit our website: www.IWSA.org. Questions?? Please call 317-237-5565 or email Gail King at gail.king1@comcast.net.

Amount Pd.: \$ _____ **Check #:** _____
Visa MC Disc. Card # _____ **Expiration Date:** _____
Name exactly as it appears on the card: _____
Security code number: _____ **(This is the 3-4 digit ID number on the back of your card)**
Billing Address if different from above: _____
City: _____ **State:** _____ **Zip Code:** _____
Signature: _____ **Date:** _____

INDIANA WORLD SKATING ACADEMY, INC.
WAIVER RELEASE OF LIABILITY, AND CONSENT
TO MEDICAL ATTENTION

In exchange for my being allowed o participate in the All Seasons Hockey School (herein called "Activity"), I am, if I am not yet 18 years old, my parent or legal guardian (individually and collectively referred to below in the first person singular) agree to be bound to each of the following:

- 1.) **Obligation to Inspect Facilities and Equipment:** I agree to prior to participating in the Activity, I will inspect the facilities and equipment to be used. If I believe anything is unsafe, I will immediately advise my coach or supervisor and the Indiana World Skating Academy, Inc. ("Academy"), of such unsafe condition(s) and refuse to participate in the Activity.
- 2.) **Identification of Risks:** I understand that participation in the Activity involves risk of serious injury, including permanent disability and death, and other losses, both to person and property. I understand that these injuries and losses might result from the actions, in actions, negligence, or conduct of others, the rules of the Activity, or the condition of the premises or of any equipment used.
- 3.) **Assumption of Risk:** I assume all risks, known and unknown, in any way connected with my participation in the Activity. I accept personal responsibility for any liability, injury, loss, or damage in any way connected with my participation or that of my child in the Activity.
- 4.) **Waiver and Release:** I waive, release, and hold harmless the Academy, KRG/CP Pan Am Plaza LLC, Kite, Costal Partners, KRG Management LLC, The YMCA of Indianapolis, the Pepsi Coliseum, TNT Hockey, The Professional Skater's Association or any current owners, managers of the premises or persons, including instructors involved with the school. This list of those I will hold harmless include but is not restricted to Pam Robinson, Gail King, Rocky Trottier, and Serguei Zaitsev, as well as directors, officers, sponsors, employees, volunteers, agents, successors and assign from all claims for ANY liability, injury, loss or damage in any way connected with my (or my child's/children's) participation in the Activity whether or not caused in whole or part by the negligence or other misconduct of any of the organizations or individuals mentioned above. I intend for this waiver and release also to apply to any relatives, personal representatives, heirs, beneficiaries, next of kin, or assigns who might pursue any legal action or claim for such liability, injury or loss or damage. I also agree to incur all reasonable legal fees associated with any defense or other legal actions incurred by any of the afore mentioned persons should they be named as defendants in any litigation initiated by me or any of my legal or other representatives.
- 5.) **Consent to Medical Treatment:** I agree that the Academy may provide to me, through medical personnel of its choice, customary medical or training assistance, transportation, and emergency medical services. This consent does not impose a duty upon the Academy to provide such assistance, transportation or services. I also agree to be the financially responsible party for these services should they be rendered.
- 6.) **Photo Release:** I hereby give permission to Indiana World Skating Academy to use photographs of me and/or my minor child(ren) for promoting, publicizing, and advertising Indiana World Skating Academy and its programs. I release Indiana World Skating Academy and all persons mentioned above from all claims for financial compensation now and in the future.

I HAVE READ THIS WAIVER, RELASE AND CONSENT. I UNDERSTAND THAT I HAVE
GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER, REALEASE AND CONSENT
VOLUNTARILY TO THE CONTENTS OF THIS LEGAL AND BINDING AGREEMENT.

Print Name

Signature

Date: _____