



# PINES ICE ARENA

## SUMMER HOCKEY CAMPS

12425 Taft Street Pembroke Pines, FL 33028 (T) 954-704-8700 (F) 954-374-8168 www.PinesIce.com

Skater's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address (please print legibly): \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

### ASSUMPTIONS AND ACKNOWLEDGEMENT OF RISKS AND RELEASE OF LIABILITY AGREEMENT

IN CONSIDERATION OF PARTICIPATING IN ALL HOCKEY PROGRAMS, ALONG WITH ANY RELATED EVENTS AND ACTIVITIES, THE UNDERSIGNED ACKNOWLEDGES AND AGREES THAT:

1. THE ACTIVITIES INVOLVED IN THIS PROGRAM HAVE A SIGNIFICANT RISK OF INJURY, INCLUDING PERMANENT PARALYSIS AND EVEN DEATH. I DO HEREBY ACKNOWLEDGE THAT SKATING IS INHERENTLY A DANGEROUS SPORT, PHYSICALLY DEMANDING AND HIGHLY COMPETITIVE. I HEREBY AGREE THAT FLORIDA ICE ARENA INC., IT'S SERVANTS, AGENTS AND EMPLOYEES SHALL NOT BE HELD LIABLE FOR ANY AND ALL INJURIES/LOSSES RESULTING DIRECTLY OR INDIRECTLY, AND SAVE FLORIDA ICE ARENA INC., ITS SERVANTS, OFFICERS, AGENTS AND EMPLOYEES HARMLESS FROM ALL COSTS AND EXPENSES THAT MAY RESULT FROM ANY BREACH OF AGREEMENT.

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 I ASSUME FULL RESPONSIBILITY FOR MY PARTICIPATION.

3. I WILLINGLY AGREE TO COMPLY WITH THE STATED CUSTOMARY TERMS AND CONDITIONS FOR PARTICIPATION; HOWEVER, IF I OBSERVE ANY UNUSUAL OR SIGNIFICANT HAZARD DURING MY PRESENCE OR PARTICIPATION, I WILL IMMEDIATELY NOTIFY THE NEAREST OFFICIAL OF ANY SUCH HAZARD.

4. I, FOR MYSELF AND ON BEHALF OF MY HEIRS, ASSIGNS PERSONAL REPRESENTATION, AND NEXT OF KIN, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS FLORIDA ICE ARENA INC., IT'S OFFICERS, OFFICIALS, AGENTS, OR EMPLOYEES, OTHER PARTICIPANTS SPONSORING AGENCIES, SPONSORS, ADVERTISERS, AND IF APPLICABLE, OWNERS AND LEASORS OF PREMISES USED TO CONDUCT THE EVENT ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, OR LOSS OF DAMAGE TO PERSON OR PROPERTY, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE TO THE FULLEST EXTENT PERMITTED BY LAW.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT. I FULLY UNDERSTAND ITS TERMS, I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

### Participant Signature

#### FOR PARENTS/GUARDIANS OF PARTICIPANTS UNDER THE AGE OF 18 AT TIME OF REGISTRATION

THIS IS TO CERTIFY THAT I, AS A PARENT/GUARDIAN WITH LEGAL RESPONSIBILITY, 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 AND HOLD HARMLESS THE RELEASEES FROM ANY AND ALL LIABILITIES INCIDENT TO MY MINOR CHILD'S INVOLVEMENT OR PARTICIPATION IN THESE PROGRAMS AS PROVIDED ABOVE, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES TO THE FULLEST EXTENT PERMITTED BY LAW.

X \_\_\_\_\_ Date: \_\_\_\_\_

### Parent/Guardian Signature

### Emergency Phone Number

### PLEASE CHECK OFF WHICH SESSION(S) YOU ARE ENROLLING IN:

#### PIA Hockey Camp Full Day Sessions

	PIA SESSION 1	PIA SESSION 2	PIA SESSION 3	PIA SESSION 4
Full Day Camp Sessions	June 18 <sup>th</sup> – June 22 <sup>nd</sup> <input type="checkbox"/> Aftercare: <input type="checkbox"/>	June 25 <sup>th</sup> – June 29 <sup>th</sup> <input type="checkbox"/> Aftercare: <input type="checkbox"/>	July 23 <sup>rd</sup> – July 27 <sup>th</sup> <input type="checkbox"/> Aftercare: <input type="checkbox"/>	July 30 <sup>th</sup> – August 3 <sup>rd</sup> <input type="checkbox"/> Aftercare: <input type="checkbox"/>
<b>Payment Info (Office Only – Staple receipt to form)</b>				
Amount:				
Date:				
Receipt #				

Individual dates enrolled: \_\_\_\_\_

Notes: \_\_\_\_\_

#### Early Bird Weekly Sessions

Early Bird Weekly	6/11-6/15	6/18-6/22*	6/25-6/29*	7/2-7/6	7/9-7/13	7/16-7/20	7/23-7/27*	7/30-8/3*	8/6-8/10
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Payment Info (Office Only – Staple receipt to form)</b>									
Amount:									
Date:									
Receipt #:									

Individual dates enrolled: \_\_\_\_\_

Notes: \_\_\_\_\_