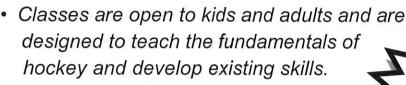


LEARN TO PLAY HOCKEY

Kids & Adults!!

SUNDAY NIGHTS - 6:00 PM



- Sessions will focus on:
 - Skating
- Shooting
- Passing
- Team Skills
- Stickhandling
- MOST SUNDAY evenings 6:00 pm 7:00 pm* *Check Monthly Event Schedule
- WWW.CENTERICESPORTS.NET

NO PRE-REGISTRATION REQUIRED

Learn To Play Youth Hockey Skills Clinics	WAIVER FORM
Winter 2014 \$10 each session	In consideration of being allowed to participate in any way in Center Ice Sports Complex (CISC) programs, related events and activities, the undersigned acknowledges, appreciates and agrees that: 1) The risk of injury from
Beginner Advanced Adult	events and activities, the undersigned acknowledges, appreciates and agrees that: 1) The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of injury does exist; and 2) I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM
Participant Name	THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and 3) I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from
Parents Name	participation and bring such to the attention of the nearest instructor immediately, and 4) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS CISC, their officers, instructors, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers and, if applicable, owners and lessors of premises used to conduct the event ("Releases"), WITH
E-mail Address	advertisers and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLEGENCE OF THE RELEASEES OR OTHERWISE, I HAVE READ THIS RELEASE OF LIABILITY AND
Address	ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL. RIGHTS BY SIGMRING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.
CitySTZip	
Phone-H()	Participant's signature and date signed
/	FOR PARTICIPANTS OF MINORITY AGE (Under Age 18 at time of registration)
Phone-W()	This is to certify that I, as parent/guardian with legal responsibility for this participant, 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 do also release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's
Skating level Birthdate	I do also release and agree to indemnify 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 THEIR NEGLIGENCE.
Make check payable and mail to: Center Ice Sports Complex	The first the fi
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319 Port Jackson Ave., NW; North Canton, OH 44720 330-966-0169; 330-966-9121 Fax

Parent/Guardian's signature and date signed