BAYONNE BLADES 2021-2022

Skater's Full Name:	<i>I</i>	Age:	D.O.B.:
Address:	City:		Zip:
Primary #:	Secondary #:		
Parent/Legal Guardian Name:			
EMAIL (please print clearly):			
Check lesson day preferred:	Tuesday		Friday
Waiver and Rele	ase of Liability, Assumption of Risk and	Indemnity Agreem	<u>ent</u>
In consideration of my participation in any Learn to Skate USA am qualified, in good health, and in proper physical condition to mmediately discontinue participation in the activity. I fully und death, and that these and other risks may be caused by my ow place, or the negligence of the Releases named below; and that assume all such risks and all responsibility for losses, costs, and to sue Learn to Skate USA, its Member Clubs and Programs, the advertisers of any -sanctioned event in which I participate (each account caused or alleged to be caused in whole or in part by the does not apply to any liability, claims, demands, losses, or dam anyone on my and/or my minor child's behalf, makes a claim, I damage, or cost which any may incur as the result of such clair and fully understand it. Please enter all participants' names be	o participate in such activity. I acknowlederstand that skating involves risks of ser nactions, or inactions, those of others put there may be other risks either not knowled damages I incur as a result of my participair respective administrators, directors, as honosidered one of the Releases herein he negligence of the Releases. This releases arising out of the gross negligence of agree I will indemnify, defend, save, and nowledge that I have read this releases as the service of the read this releases.	dge that if conditic ious bodily injury, articipating in the own to me or not fo pation in the activ agents, officers, vo of from all liability, o se waiver of liability of, or intentional, vo I hold harmless ear ease, waiver of lial	ns are unsafe, I, and/or my minor child, will including permanent disability, paralysis, and event, the conditions in which the event takes preseen at this time; and I fully accept and ity. I hereby release, discharge, and covenant no unteers, and employees, and any sponsors and claims, demands, losses, or damages on my ry and express assumption of risk agreement willful or wanton misconduct of Releases. If I, or ch of the Releases from any loss, liability, oility and express assumption of risk agreement
Covid Release	of Liability, Assumption of Risk and Ind	emnity Agreemen	<u>t</u>
acknowledge the contagious nature of the Coronavirus/COVII further acknowledge that Bayonne Blades, LLC has put in place Bayonne Blades LLC cannot guarantee that my skater will not be infected by the Coronavirus/COVID-19 may result from the act and their families. I voluntarily seek services provided by Bayo Coronavirus/COVID-19. I acknowledge that I must comply with agree to hold Bayonne Blades LLC harmless from, and waive or damages, costs, expenses and compensation for damage or lost otherwise arise in any way in connection with any services receivability or claim that I, my heirs, or any personal representative property damage that may arise from, or in connection to, any together with all owners, partners, and employees. Bayonne Blades maintains a no refund policy & maintains and employees.	e preventative measures to reduce the secome infected with the Coronavirus/Coions, omissions, or negligence of myself anne Blades LLC and acknowledge that I all set procedures to reduce the spread a behalf of myself, my heirs, and any persectived from Bayonne Blades LLC. I understead from Bayonne Blades LLC. I understead my have against the skate school with services received from Bayonne Blades.	pread of the Coror ovid-19. I understa and others, includi m increasing my ri while attending Ba sonal representativ caused by any act tand that this relea h respect to any bo LLC. This liability w	navirus/COVID-19. I further acknowledge that and that the risk of becoming exposed to and/or ng, but not limited to, staff, and other skaters sk/my skaters risk to exposure to the yonne Blades lessons. I hereby release and res any and all causes of action, claims, demands, or failure to act of the skate school, or that masse discharges Bayonne Blades LLC from any odily injury, illness, death, medical treatment, or aiver and release extends to the skate school
photos and videos taken for use in advertisement a	-		
Parent/Legal Guardian Signature			Date
For Office use only:			
Fall Group: Day	Total Check #	Cash_	Date received
Fall Private Lesson Ice: Day	Total Chec	k # C	ash Date received
Winter Group: Day	Total Check #	Cash	Date received
Winter Private Lesson Ice: Day	Total Check	# Ca	sh Date received