## Carolina IceZone Skating School Contract

Dates: From:		To:		
Lesson Day:	Monday	Wednesday		
Student's Name:			M	F
Address:				
City:				
Phone:	_DOB:		Age:	
Parent's Name:				
Email:				
Т	erms and (	Conditions:		
-The Skating School reserves the right to change	e the day and	or time of lessons.		
-Students who cannot attend a regularly schedu current semester.	led class may	take a make-up class, if a	vailable, before t	he end of the
-No refunds or credits will be made for absence:	s or classes m	issed by the student.		
-No refunds. Credit will be given toward anothe	r program on	ly.		
-Students assume the risks of skating. The stude not responsible for injury to the student or for l		_		Skating School is
-I release and grant the Carolina IceZone the rig performance, and any other indicia of identity in website, social media, and all rink publications.)	n any format	for rink advertisements. (I		
-I give permission for my email to be placed in the do so at a later date.	he mailing list	t database, but I have the o	option of unsubso	cribing if I wish
I, the undersigned, hereby assume all the risks, transportation to and from activities. I hereby we skating, LLC, The Carolina IceZone, officers, dire of negligence or for any other cause. I agree that or unintentional. I agree not to hold Carolina Ice understand the above terms and conditions.	vaive, release ctors, superv at skating is a	e, absolve, indemnify, and a isors, and officials in any in dangerous sport and can o	agree to hold har njury to myself wl cause injury, whe	mless Arctica hether the result other intentional
Signaturo			Data	