

Carolina IceZone Skating School Contract

Dates: From: _____ To: _____

Lesson Day: Monday Saturday

Student's Name: _____ M _____ F _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ DOB: _____ Age: _____

Parent's Name: _____

Email: _____ Skating Level: _____

Terms and Conditions:

-The Skating School reserves the right to change the day and/or time of lessons.

-Students who cannot attend a regularly scheduled class may take a make-up class, if available, before the end of the current semester.

-No refunds or credits will be made for absences or classes missed by the student.

-No refunds. Credit will be given toward another program only.

-Students assume the risks of skating. The student and parent, or guardian agree that Carolina IceZone Skating School is not responsible for injury to the student or for loss or damage to any personal property.

-I release and grant the Carolina IceZone the right to use my or my child's image, photograph, voice, video, athletic performance, and any other indicia of identity in any format for rink advertisements. (Including, but not limited to, our website, social media, and all rink publications.)

-I give permission for my email to be placed in the mailing list database, but I have the option of unsubscribing if I wish to do so at a later date.

I, the undersigned, hereby assume all the risks, hazards, and incidental expenses to such participation, including transportation to and from activities. I hereby waive, release, absolve, indemnify, and agree to hold harmless Arctica Skating, LLC, The Carolina IceZone, officers, directors, supervisors, and officials in any injury to myself whether the result of negligence or for any other cause. I agree that skating is a dangerous sport and can cause injury, whether intentional or unintentional. I agree not to hold Carolina IceZone, its officials, or any other participants liable. **I have read and understand the above terms and conditions.**

Signature: _____ Date: _____