

Freestyle Punch Pass Registration Form

Read details carefully:

- 1) Please print. Fill out **all needed information on the application below, or processing may be delayed.**
- 2) One registration form must be completed for each family member.
- 3) Before your registration is complete, *the waiver must be signed by a parent or legal guardian* for any children under 18 years, and by any adult participating in a program. Participation in any program cannot begin until the waiver is signed.

Has phone number, email or address changed?

Head of Household

Full Name _____

Home Phone (_____) _____

Address _____

Cell Phone (_____) _____

City, Zip _____

Email _____

You must provide a valid Visa or Mastercard number with an **expiration date after 6/01/2024** when signing up for a Freestyle Punch Card. After your initial amount of punches expire, you are authorizing the staff to charge extra punches to your credit card. Please choose below the amount of punches you want added.

Renewal Options:

1 Hour- 10 punches (\$130)

½ Hour- 10 punches (\$80)

FREESTYLE PUNCH PASS AGREEMENT: I understand and agree to the following. If I do not contact the Freestyle Supervisor once the punches have expired, I authorize the Park District of Franklin Park to add punches to my account and charge my credit card. Should the charge to my card be declined and an outstanding balance remain I understand that my child will not be permitted to participate in any future freestyle sessions until the balance is paid in full.

V MC Credit Card #: _____ Expiration Date: _____ CVV: _____

Signature: _____ Date: _____

Park District of Franklin Park Waiver & Release Of All Claims

Please read the information on the **reverse side of this form** carefully and be aware that in signing up and participating in any program, as indicated on this form, you will be waiving and releasing all claims for injuries you or your child might sustain arising out of that program.

I have read and fully understand the important information located on the reverse side of this form, warning of risk, assumption of risk and waiver and release of all claims. If registering via fax, my facsimile signature shall substitute for and have the same legal effect as an original form signature.

Date _____

Participant's Name (PLEASE PRINT) _____

Participant's Signature (18 years or older or Parent/Guardian) _____

Franklin Park Ice Arena*9711 W. Waveland Ave.*Franklin Park, IL 60131

847-671-4268/fax 847-671-4755*website: **www.fpice.com**

PARK DISTRICT OF FRANKLIN PARK
ICE-SKATING PROGRAM WAIVER & RELEASE

IMPORTANT INFORMATION

The Park District of Franklin Park is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Park District of Franklin Park continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for this program must recognize that there is an inherent risk of injury when choosing to participate in recreational activities.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled for ice-skating activities. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

WARNING OF RISK

Ice-skating is intended to challenge and engage the physical, mental and emotional resources of the participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury, including but not limited to head injury, neck or back injury, wrist and ankle fractures, and other orthopedic injuries to limbs and joints. All hazards and dangers cannot be foreseen. The very nature of ice-skating is risky, including but not limited to slip and falls, colliding with other players of varying degrees of skill (including being struck from behind), tripping on irregular ice surfaces, cuts from skate blades, inadequate or defective equipment, ill-fitting skates, failure in supervision or instruction, horseplay, carelessness, poor technique, poor conditioning, rule violations, striking a stationary object, premises defects outside the rink, and all other risks inherent to the sport of ice-skating. In this regard, it must be recognized that it is impossible for the Park District of Franklin Park to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services and vehicle operations, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against the Park District of Franklin Park, including its officials, agents, volunteers and employees.

PARTICIPATION WILL BE DENIED if the signature of adult participant or parent/guardian and date are not on this waiver. Please sign the reverse side of this form to complete your registration.