



ROAD TO THE GOLD

GUEST STAR JUMP CLINIC



WITH OLYMPIAN KEEGAN MESSING AND TWO-TIME US NATIONAL JR. MEDALIST JIMMY MA
www.clevelandskatingclub.org/iceshow

LIMITED SPACES AVAILABLE - REGISTER TODAY!

- Saturday, May 12, 2018 from 10:00-10:45
- Open to all USFS Members at the PrePreliminary-Senior Free Skate level.
- Skaters will be divided into sub-groups upon arrival.
- \$50 per participant, includes one (1) peanut gallery ticket to the Cleveland Skating Club's 81st Annual Ice Show.
- Payment is due with registration.

Registration will close on Tuesday, May 8th or when the Clinic reaches capacity

Skaters Name: _____

Parent/Guardian's Name: _____

Primary Coach's Name: _____

Home Figure Skating Club: _____

Highest Free Skate Test Passed: _____

Phone No.: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

I wish to attend the show:

Friday, May 11 at 7pm

Saturday, May 12 at 7pm

I will not attend

Additional Show Tickets needed at \$15 each:

___ Friday, May 11 at 7pm

___ Saturday, May 12 at 7pm

Please mail this completed form, front and back, with payment to:

Cleveland Skating Club
 Attn: Kim Brack
 2500 Kemper Road
 Shaker Heights, OH 44120

OFFICE USE ONLY
 Date Received: _____

Cleveland Skating Club Jump Clinic

Liability and Medical Release:

In consideration of participating in this program, I represent that I understand the nature of skating and that I, and/or my minor child, am qualified, in good health and in proper physical condition to participate in this program. I acknowledge that if I believe conditions are unsafe, I, and/or my minor child, will immediately discontinue participation in the activity.

I fully understand that skating involves risks of serious bodily injury, including permanent disability, paralysis and death, and that these and other risks may be caused by my own actions, or inactions, those of others participating in the program, the conditions in which the program takes place, and that there may be other risks either not known to me or not foreseeable at this time; and I fully accept and assume all such risks and responsibilities for losses, costs, and damages incurred as a result of my participation.

I certify that I, the participant, or I, the parent/guardian of said participant, give my consent to the Cleveland Skating Club and their staff, members, Board of Trustees, coaches, and volunteers to obtain medical care from any licensed physician, hospital, or clinic, including transportation and emergency services, for myself/ourselves and/or said participant for any injury that could arrive from participation in this program at the Cleveland Skating Club. It is hereby understood and agreed that I shall assume full financial responsibility for any costs over and above that which is not covered by my insurance, if any.

To the fullest extent permitted by law, I agree to indemnify and hold harmless the Cleveland Skating Club and all of its agents from any injuries or damages caused by or resulting from participation in this program.

Initial

Name, Likeness and Identifiable Information Consent and Release:

I release and hereby grant the Cleveland Skating Club and all its agents the permission to use my name, likeness, image, photograph, voice, video, athletic performance, biographical information and other indicia of identity in any format whatsoever from this event, collectively known as "my identification," and to distribute, broadcast, and exhibit my identification without charge, restriction or liability, in any media known or hereafter devised into perpetuity, unless otherwise rescinded in writing to the Board of the Cleveland Skating Club

Initial

Payment and Refund Policy:

I understand that registration is not complete until payment is received in full and that returned checks are subject to a \$40 penalty fee. I acknowledge that refunds will not be given unless (1) the clinic is cancelled or (2) there is a death in the participant's immediate family. A certificate must be provided and any potential refund would come following review and approval, within 2 weeks of the Event's conclusion. No medical refunds will be given.

Initial

I acknowledge that I have read this Waiver and Release of Liability and Medical Release, Name, Likeness and Identifiable Information Consent and Release, and Payment and Refund Policy, and I fully understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by the law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

Printed Name of Participant

Signature

(of Parent/Legal Guardian if participant is under age 18)

Date