

2018 – 2019 Roller Hockey & Skate Lessons Registration

Mail Registration & Check to:
Jasper Skate Palace
1013 4th Avenue Jasper, IN 47546

Session: _____ Age: _____

Participant's Name: _____

Parent/Guardian Name(s): _____

Address: _____ Zip: _____

Date of Birth: _____ Grade Currently In: _____

Phone Number(s): _____

Email Address: _____

Release of Claims for Injury

I, the undersigned, acknowledge, agree and understand that: Playing roller and activities related to roller hockey are hazardous and may result in injury to me or others. Utilizing equipment related to roller hockey is hazardous and may result in injury to me or to others. Utilizing the Jasper Skate Palace and others facilities while participating in roller hockey can be hazardous and may result in injury to me or to others. Further, in consideration of the permission to be given to utilize these facilities and premises I agree as follows: I assume all risks of injury incurred or suffered while on and/or upon the premises of the Jasper Skate Palace. I release and agree not to sue the Jasper Skate Palace, its agents, servant, associated, employees, or anyone connected with the Jasper Skate Palace for any claim, damages, costs or cause of action which I may in the future have as a result of injuries or damages sustained or incurred while on and/or upon the premises of the Jasper Skate Palace or out of my traveling to, participating in and returning from any roller hockey activity related to the Jasper Skate Palace and I have read the above terms of this release, I understand them and agree to abide by them. I, the undersigned, acknowledge that I have read and understand the above release of claims for injury.

Waiver (Must be Signed): _____

(Parent/Guardian if under 18)