

Date paid: _____

Emp: _____

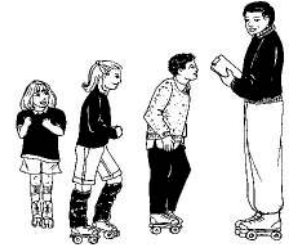
\$\$ Paid: _____

Method: _____



FAMILY SKATING & LASER TAG CENTER

1891 N. Cedar Holt, MI 48842 (517) 699-2438



**FAMILY BEGINNER
SKATING LESSONS**

sign me up:

NAME

Session # & Date

ADDRESS

CITY

ZIP

PHONE

DATE OF BIRTH

AGE

CONSENT & LIABILITY WAIVER

The undersigned applicant having knowledge of the physical risks involved in instructional skating programs, waive any claim I (we) have for myself (ourselves) and the Applicant for any injuries sustained during the course of instructional skating sessions. I (we) further release EDRU SKATE*A*RAMA and its employees and affiliates from all claims for damages or liability resulting from the Applicant's activities. In addition, the undersigned hereby authorizes that in the event of a sustained injury, the Program Director or his assistants may secure temporary and emergency care.

REFUND POLICY: There are no refunds, make up classes or credits given for this class.

Signature (of parent if participant is a minor)

Date