



5075 Fox Sparrow Drive
 Klamath Falls, OR 97601
 (541) 850-5758 phone/voice mail
 (541) 850-5757 fax

Doug Webster and Jozef Sabovcik Seminar Registration – Freestyle Level and Above Friday, January 1, 2010

Current Date ____ / ____ / ____ Student's Age ____ and Birth date (month/date/year) ____ / ____ / ____

Student's Last Name _____ First Name _____ Middle Initial _____

Mailing or Residence Address _____

City _____ State _____ Zip code _____

Telephone Nos.: Home _____ Work _____ Cell _____

Email Address _____

Parent/Guardian _____ Day Phone _____

Parent/Guardian _____ Day Phone _____

Prior Skating Lessons? Yes ___ No ___ If yes, please describe _____

Does student have any kind of physical disability or medical condition of which we should be aware? Yes ___ No ___ If yes, please describe _____

Name of Person Completing Form _____

Seminar Descriptions and Times: Please check all that apply.

All skaters must be ready to take the ice at least 15 minutes prior to the scheduled clinic time.

- Jump Seminar 9:30 a.m. to 10:45 a.m. (off ice) & 11:30 a.m. – 12:45 p.m. (on ice) **(\$50 per person)**
- Edge Seminar 1:30 p.m. to 1:55 p.m. **(\$25 per person)**
- Spin Seminar 2:05 p.m. to 2:30 p.m. **(\$25 per person)**
- Stepping Out Seminar 3:05 p.m. to 3:55 p.m. (choreography/style/show skating) **(\$30 per person)**

Fee Payment

*Registration Fee Amount (does NOT include USFS registration) \$ _____

Multi Seminar Discount (if register for all four clinics) (\$10)

Total Payment \$ _____

Payment Method

- Check
- MC/VISA Number ____ / ____ / ____ / ____ Expiration Date ____ / ____ CVV Code ____

Refunds will only be issued in the event the Bill Collier Community Ice Arena has to cancel the seminars.

Office Use Only

- WAIVER RELEASE signed Photo Release Signed
- Database Updated Outlook Updated
- Copy of Registration to Instructor

RELEASE AND INDEMNITY AGREEMENT

IN CONSIDERATION OF THE USE OF KLAMATH ICE SPORTS INC.'S PREMISES, FACILITIES, AND EQUIPMENT, I/WE AGREE TO RELEASE AND INDEMNIFY KLAMATH ICE SPORTS INC., ITS OFFICERS AND DIRECTORS, OWNERS, AGENTS, LANDOWNERS, AFFILIATED COMPANIES, AND EMPLOYEES (HEREINAFTER "KLAMATH ICE SPORTS INC.") FROM ANY AND ALL CLAIMS FOR PROPERTY DAMAGE OR LOSS, INJURY, OR DEATH WHICH I/WE MAY SUFFER OR FOR WHICH I/WE MAY BE LIABLE TO OTHERS, IN ANY WAY CONNECTED WITH ICE SKATING, RIDING "THE OLYMPIA" ICE RESURFACING EQUIPMENT OR ANY RELATED ACTIVITIES. THIS RELEASE AND INDEMNITY AGREEMENT SHALL APPLY TO ANY CLAIM EVEN IF CAUSED BY NEGLIGENCE. THE ONLY CLAIMS NOT RELEASED ARE THOSE BASED UPON INTENTIONAL MISCONDUCT.

I/WE ALSO AGREE THAT ALL DISPUTES BETWEEN MYSELF OR MY CHILD AND KLAMATH ICE SPORTS INC. ARISING FROM MY/OUR USE OF KLAMATH ICE SPORTS INC.'S FACILITIES, SERVICES, OR EQUIPMENT WILL BE GOVERNED BY THE LAWS OF THE STATE OF OREGON AND THE EXCLUSIVE JURISDICTION THEREOF SHALL BE IN THE STATE COURTS OF THE STATE OF OREGON, AND THE VENUE FOR THESE DISPUTES SHALL BE IN KLAMATH COUNTY, OREGON.

IF ANY PART OF THIS CONTRACT IS DETERMINED TO BE UNENFORCEABLE FOR ANY REASON OR IN ANY CIRCUMSTANCE, IT IS INTENDED THAT ALL OTHER TERMS WILL BE ENFORCED IN ALL OTHER CIRCUMSTANCES.

THE UNDERSIGNED(S) HAVE CAREFULLY READ AND UNDERSTAND THIS AGREEMENT AND ALL OF ITS TERMS. THE UNDERSIGNED(S) UNDERSTAND THAT THIS DOCUMENT IS AN AGREEMENT OF RELEASE AND INDEMNITY WHICH WILL PREVENT THE UNDERSIGNED(S) OR THE UNDERSIGNEDS' ESTATE FROM RECOVERING DAMAGES FROM KLAMATH ICE SPORTS INC. IN THE EVENT OF DEATH OR INJURY TO PERSON OR PROPERTY. THE UNDERSIGNED(S), NEVERTHELESS, ENTER INTO THIS AGREEMENT FREELY AND VOLUNTARILY AND AGREE IT IS BINDING ON THE UNDERSIGNED(S) AND THE UNDERSIGNEDS' HEIRS AND LEGAL REPRESENTATIVES.

BY MY/OUR SIGNATURE(S) BELOW, I/WE AGREE THAT THIS RELEASE AND INDEMNITY AGREEMENT WILL REMAIN IN FULL FORCE AND EFFECT THROUGHOUT MY/OUR USE OF KLAMATH ICE SPORTS INC.'S PREMISES, FACILITIES, AND EQUIPMENT.

SEE REVERSE SIDE OF THIS SHEET IF SIGNING FOR A MINOR (UNDER 18)

Customer Name

(Signature)

Date

MINOR RELEASE AND INDEMNITY AGREEMENT

IN CONSIDERATION OF THE USE OF KLAMATH ICE SPORTS INC'S PREMISES AND FACILITIES BY THE MINOR(S) NAMED BELOW, I HEREBY AGREE TO RELEASE AND INDEMNIFY KLAMATH ICE SPORTS INC., ITS OFFICERS AND DIRECTORS, OWNERS, AGENTS, LANDOWNERS, AFFILIATED COMPANIES, AND EMPLOYEES FROM ANY AND ALL CLAIMS FOR PROPERTY DAMAGE OR LOSS, INJURY, OR DEATH WHICH THE MINOR(S) NAMED BELOW MAY SUFFER OR FOR WHICH HE OR SHE MAY BE LIABLE TO OTHERS, IN ANY WAY CONNECTED WITH ICE SKATING OR RIDING "THE OLYMPIA" ICE RESURFACING EQUIPMENT OR ANY RELATED ACTIVITIES. THIS RELEASE AND INDEMNITY AGREEMENT SHALL APPLY TO ANY CLAIM EVEN IF CAUSED BY NEGLIGENCE. THE ONLY CLAIMS NOT RELEASED ARE THOSE BASED UPON INTENTIONAL MISCONDUCT.

BY MY SIGNATURE BELOW, I AGREE THAT THIS MINOR RELEASE AND INDEMNITY AGREEMENT WILL REMAIN IN FULL FORCE AND EFFECT AND I WILL BE BOUND BY ITS TERMS WHENEVER USING KLAMATH ICE SPORTS INC.'S PREMISES, FACILITIES AND EQUIPMENT.

I HAVE CAREFULLY READ AND UNDERSTAND THIS AGREEMENT AND ALL OF ITS TERMS.

PARENT OR GUARDIAN (must be signed by parent or guardian if the user is under eighteen (18) years of age).

MINOR NAME(S): (Please print)

LAST FIRST

LAST FIRST

LAST FIRST

PARENT OR GUARDIAN NAME: (Please print)

LAST FIRST

RELATIONSHIP: (Please print)

PARENT/GUARDIAN: I VERIFY THAT I AM THE PARENT/GUARDIAN AND/OR HAVE THE AUTHORITY TO ENTER INTO THIS AGREEMENT ON BEHALF OF THE MINOR. I AGREE TO BE BOUND BY ITS TERMS. I ACCEPT FULL RESPONSIBILITY FOR ALL MEDICAL EXPENSES INCURRED AS A RESULT OF THE MINOR'S USE OF KLAMATH ICE SPORTS INC.'S PREMISES AND FACILITIES, AND I AGREE TO INDEMNIFY AND HOLD HARMLESS KLAMATH ICE SPORTS INC., FROM ANY CLAIM BROUGHT BY, OR ON BEHALF OF THE MINOR.

DATE _____ PARENT OR GUARDIAN Signature: _____

KLAMATH ICE SPORTS, INC.

Photo Release for Adult
18 Years of Age and Older

I hereby authorize Klamath Ice Sports, Inc. to photograph me while I am on the premises of Klamath Ice Sports, Inc. I further authorize Klamath Ice Sports Inc., in its sole discretion, to use any photographs taken of me while on the premises of Klamath Ice Sports, Inc. for promotional purposes in any manner deemed appropriate by Klamath Ice Sports, Inc., and hereby waive any and all claims related thereto, including, but not limited to, intrusion upon seclusion, appropriation of name or likeness, public disclosure of private facts, false light, invasion of personal privacy, breach of confidence, and any claim for compensation.

I also understand that once images are posted on the Klamath Ice Sports, Inc.'s website, they can be downloaded by any computer user. Therefore I agree to indemnify and hold harmless from any claims related to the use of any images photographed, published or used in any way by Klamath Ice Sports, Inc., its officers and directors, owners, agents, landowners, affiliated companies, and employees.

I represent that I am over the age of eighteen years and that I have read the foregoing and fully and completely understand the contents hereof.

Customer Printed Name: _____

Signature: _____ Date: _____

See reverse side of this sheet if signing for a minor (under 18).

KLAMATH ICE SPORTS, INC.

Photo Release for Children
Under 18 Years of Age

I hereby authorize Klamath Ice Sports, Inc. to photograph my dependent while my dependent is on the premises of Klamath Ice Sports, Inc. I further authorize Klamath Ice Sports Inc., in its sole discretion, to use any photographs taken of my dependent while on the premises of Klamath Ice Sports, Inc. for promotional purposes in any manner deemed appropriate by Klamath Ice Sports, Inc., and hereby waive any and all claims related thereto, including, but not limited to, intrusion upon seclusion, appropriation of name or likeness, public disclosure of private facts, false light, invasion of personal privacy, breach of confidence, and any claim for compensation.

I also understand that once images are posted on the Klamath Ice Sports, Inc.'s website, they can be downloaded by any computer user. Therefore I agree to indemnify and hold harmless from any claims related to the use of any images photographed, published or used in any way by Klamath Ice Sports, Inc., its officers and directors, owners, agents, landowners, affiliated companies, and employees.

Minor's Printed Name: _____

PARENT/GUARDIAN: I VERIFY THAT I AM THE PARENT/GUARDIAN AND/OR HAVE THE AUTHORITY TO ENTER INTO THIS AGREEMENT ON BEHALF OF THE MINOR. I AGREE TO BE BOUND BY ITS TERMS. I ACCEPT FULL RESPONSIBILITY FOR ALL MEDICAL EXPENSES INCURRED AS A RESULT OF THE MINOR'S USE OF KLAMATH ICE SPORTS INC.'S PREMISES AND FACILITIES, AND I AGREE TO INDEMNIFY AND HOLD HARMLESS KLAMATH ICE SPORTS, INC. FROM ANY CLAIM BROUGHT BY, OR ON BEHALF OF THE MINOR.

Signature of
Parent or Guardian: _____

Printed Name of
Parent or Guardian: _____