

Students Name: _____

Age: _____ DOB: ____ / ____ / ____

Parent Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Day): _____

Phone (Evening): _____

Phone (Emergency): _____

Email: _____

Have you attended an LS Program Before (circle): No Yes

How did you hear about us? _____

Years of Hockey Experience: _____

House _____ Travel _____ High School _____ College _____ Other _____

Program City & Rink: _____

Program Start Date: _____

Group (circle): A B

Payment Method (circle): Check Money Order

Visa MasterCard Discover

Amount Enclosed / Charged: \$ _____

Card Number: _____ - _____ - _____ - _____

Card Expiration Date: _____ / _____ CVC _____

Card Holder Name: _____

Card Holder Signature: _____

Waiver

In consideration of being allowed to participate as a student, instructor, counselor, assistant, coach or volunteer (herein called "Participant") in a LS Power Skating, Inc. Program, Hereafter referred to as "LSPS," commonly known as the Laura Stamm Int'l Power Skating System, the undersigned understands, acknowledges and agrees that: 1. The sports of ice skating, ice hockey, in-line skating, and associated dry land training activities and instructing/coaching these activities have inherent physical risks. The exercises, moves and techniques practiced, taught and/or demonstrated by Participants in Laura Stamm Power Skating Programs carry such risks, including (without limitation) the risk of bodily injury, paralysis or death due to falling on the ice, colliding with players or other instructors, and/or bumping into any player's/instructor's equipment, skates or sticks. Using proper equipment, following the rules and exercising discipline may reduce the risks. 2. I understand the inherent risks, and voluntarily assume the risks, whether known or unknown. I fully and unconditionally assume responsibility for my child's (my) participation. I willingly agree that my child (I) will comply with the stated and customary terms and conditions for participation. I however recognize that doing so will not eliminate all risk from the activities. If I observe any unusual significant hazard during my presence I will remove my child (myself) from participation, and will immediately bring such hazard to the attention of the nearest official. 3. Participant fully and unconditionally releases LSPS and Skate Great Hockey, Inc., and their owners, officers, directors, managers, employees, and agents, and Laura Stamm individually, from any and all loss, damage, responsibility, obligation or liability (with the exception of any workers' compensation coverage mandated by applicable state or provincial law if Participant is an instructor, counselor or assistant) arising out of any illness or injury I may incur during my time as Participant in a Laura Stamm Power Skating Program. 4. Participant is responsible for any and all medical costs for any injuries arising from or around LSPS activities. 5. Participant has no known medical condition that restricts or prohibits participation in ice hockey, ice skating, in-line skating or any related activity. Nor does participant have any known medical condition which puts him or her at greater risk of injury or death resulting from any risks associated with participating in the clinic, whether such risks are known or unknown to parent or participant. LSPS recommends a medical examination before participation. 6. Participant shall act in a mature and responsible manner. Any behavior that LSPS deems to endanger the safety of other persons or property, or jeopardize LSPS ability to lease ice or otherwise conduct its business, will result in the student's immediate expulsion. Participant may be expelled from a LSPS program for any of the following reasons: a) financial delinquency; b) failure to abide by all LSPS and ice rink rules and directives; c) falsification of registration information. 7. LSPS may use, without compensation to the undersigned or participant, any photo, audio and/or video recording of any LSPS activity in which the participant appears, for promotional, advertising or educational purposes. 8. I understand that neither LSPS nor the ice facility are responsible for any loss or damage to my personal items at the facility. 9. The undersigned acknowledges that LSPS owners, managers, agents and representatives have made no representations, warranties, inducements or promises which are not contained herein and that this signed form represents the entire Agreement between the undersigned and LSPS. 10. In the case of a medical emergency I give permission for LSPS, its officers, officials, employees, instructors, and agents to seek medical attention for myself (if over 18), or for my child, if I, the parent or legal guardian, am absent. I have read this Agreement, fully understand its terms, and sign below voluntarily and without inducement.

_____/_____/_____
Print Parent/Guardian Name Signature of Parent/Guardian Date