

IceLand Skate Rental Form-MARCH

Primary Household Contact: _____

Address: _____

City: _____ State: _____ Zip: _____ email: _____

Home Phone: (_____) _____ - _____ Work Phone: (_____) _____ - _____

Program Code	Date	size	Fee	Registrant's First & Last Name	Age	Birth Date
133109-10	03-01-21					
Skate Rental	4/5 week session		\$16/\$20			
Disinfecting	Return fee		\$4			

\$20/\$24 **Total Fees**

Register for skate rental:

By fax or email

No walk-ins or cash payments

Phone: (847) 297-8010

Fax: (847) 298-5768

Aforbes@niles-parks.org

Payment Method:

Visa

Master Card

Discover Card

Credit Card Information

Name: _____ Exp. Date: ____/____

Signature: _____ Amt.: \$ _____

Card Number: _____ - _____ - _____ - _____

ICE-SKATING PROGRAM WAIVER & RELEASE

The Niles Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Niles park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for this program must recognize that there is an inherent risk of injury when choosing to participate in recreational activities. You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled for ice-skating activities. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

WARNING OF RISK

Ice-skating is intended to challenge and engage the physical, mental and emotional resources of the participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury, including but not limited to head injury, neck or back injury, wrist and ankle fractures, and other orthopedic injuries to limbs and joints. All hazards and dangers cannot be foreseen. The very nature of ice-skating is risky, including but not limited to slip and falls, colliding with other players of varying degrees of skill (including being struck from behind), tripping on irregular ice surfaces, cuts from skate blades, inadequate or defective equipment, ill-fitting skates, failure in supervision or instruction, horseplay, carelessness, poor technique, poor conditioning, rule violations, striking a stationary object, premises defects outside the rink, and all other risks inherent to the sport of ice-skating. In this regard, it must be recognized that it is impossible for the Niles Park District

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in the above identified programs/activities, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with said programs/activities (including transportation services/vehicle operation, when provided). I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in all these programs/activities against the Niles Park District, including its officials, agents, volunteers and employees (here-in after collectively referred as "District"). I do hereby fully release and forever discharge the District from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with these programs/activities. If registering on-line or via fax, your on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature. Additionally, by signing this form, I am certifying that I qualify for the rate charged (i.e. If resident rate was charged, I am/my children are residents of the Niles Park District). If this is proven untrue, I realize that my park district privileges may be suspended or revoked. Photos are periodically taken of participants in a class, during a special event or at the District's parks. Please be aware that these photos are for Park District use only and may be used in the District's publications.

I have read and fully understand the above important, warning or risk, assumption of risk and waiver and release of all claims. PARTICIPATION WILL BE DENIED if the signature of adult participation or parent/guardian and date are not on this waiver.

There will be NO MAKE-UPS for missed classes and NO REFUNDS issued after a class has started.

Signature: _____

Date: _____

Staff Initials: _____





Skate Rental for LTS Classes only– MARCH

133109-10

Email this registration to: Aforbes@niles-parks.org

Rental skates will be available on a limited basis for the 4/5 week MARCH session of 2021

Rental skates will only be available for skaters registered in IceLand LTS classes.

One pair of skates can be rented for each skater.

The skates will be set out for skaters each session and will remain in the building at Iceland. No skates will be removed from the building and taken home.

The fee for renting skates for the 4/5 week session is \$20 and \$24, which includes a disinfecting fee.

No refund of fees or return of skates for a different size, after the skates have been sized.

No pro-rating any skate rental fees for any reason.

If sizing is needed, the date for skate sizing is Friday February 26. Appointments must be made in advance for sizing, 10am-3pm. Masks must be worn at all times during sizing. Clean socks required for sizing.

I have read these guidelines and agree to the terms set forth within:

Skater Name: _____ skate size _____

Date: _____ Class level and day; _____

Signature of renter: _____

Credit Card #: _____

Exp Date: _____

Staff: _____