IceLand Ice Arena

8435 W. Ballard Road Niles, IL 60714

IceLand Skate Rental Form-SPRING

Primary House	hold Conta	act:						
Address:								
City:			State	:	Zip: em	ail:		
Home Phone: ()		Work	Phone: ()	-		
Program Code	Date size		Fee	Registrant's First 8	& Last Name	Age	Birth Date	
233109-10	03-01-21							
Skate Rental	8/9 week session			\$32/\$36				
Disinfecting	Disinfecting Return fee			\$4				
Register for skate rental: Payment Method:		t Mathadi	\$36/\$40 Total Fees					
By fax or e		Payment Method: Visa		Credit Card Information				
No walk-ins or cash payments		Master Card Discover Card		Name: Exp. Date:/				
				Signature: Amt.: \$				
Phone: (847) 297-8010 Fax: (847) 298-5768				Card Number:				
Aforbes@niles-parks.org								
				ICE-SKA	ΓING PROGRAM WAIV	ER & RELEAS	<u>E</u>	
your minor child/v pregnant, disabled Ice-skating is inte tion, instruction, i back injury, wrist of ice-skating is from behind), trip or instruction, ho	ward are phy in any way nded to chal medical advi and ankle fra s risky, inclu oping on irre rseplay, care	lenge and e ce, condition actures, and ding but no gular ice su elessness, poerent to the	and/or adequate suffered an illne ingage the physic ming and equipm other orthopedi t limited to slip irfaces, cuts from por technique, po sport of ice-skat	WARNIN cal, mental and nent, there is so c injuries to lir and falls, collid skate blades, cor conditionir ing. In this reg	recreational activities. You ice-skating activities. It is apairment, to consult a physical of the pairment of the consult a physical of the consult arisk of serious injury, mbs and joints. All hazards ding with other players of vinadequate or defective equely, rule violations, striking pard, it must be recognized to	always advisable sician before und e participant. Des including but not and dangers can varying degrees o uipment, ill-fittin a stationary object that it is impossible.	ertaking any pite careful a limited to he not be foresee f skill (includ g skates, failu t, premises d	f the participant is physical activity. Ind proper preparada injury, neck or in. The very nature ing being struck are in supervision efects outside the
		W	AIVER AND REL	EASE OF ALL C	CLAIMS AND ASSUMPTION	OF RISK		
assuming the risk a sustain as a result of services/vehicle of programs/activities child/ward or I may (or accrue to me or agents, volunteers any and all claims arising out of, company signature shall sub qualify for the rate	and legal lial of participation, who is, and I volu y sustain as my child/w and employ for injuries, nected with, stitute for ar	bility and wing in any a cen provided ntarily agrea a result of s ard) as a reces (here-in damages, o or in any wad have the	aiving and releand all activities of all activities of a ssume the said participation sult of participate after collectively release that my may associated where the same legal effect rate was charged to all activities and the same legal effect rate was charged to all activities and the same legal effect rate was charged to all activities and the same legal effect rate was charged to all activities and the same legal effect rate was charged to a same legal effect that the same legal effect and the same legal effect that the same	sing all claims connected with dacknowledge full risk of any a. I further agring in all these y referred as "inor child/war ith these progret as an origina ed, I am/my ch	cipating in the above identification injuries, damages or long and associated with said per that there are certain risks and all injuries, damages of ee to waive and relinquish a programs/activities against District"). I do hereby fully dor I may have or which mams/activities. If registering I form signature. Additionally	oss which you or yorograms/activities of physical injurier loss, regardless all claims I or myst the Niles Park I y release and fore nay accrue to me g on-line or via fally, by signing the	your minor ches (including try to participa of severity, to minor child/ District, incluver discharge or my minor child/ ax, your on-liis form, I am	aild/ward might transportation that in these that my minor ward may have ding its officials, the District from child/ward and ne or facsimile certifying that I
or at the District's I have read and f	k district pri parks. Pleas ully unders	vileges may se be aware stand the al	that these photo	s are for Park t, warning or	otos are periodically taken of District use only and may be risk, assumption of risk articipation or parent/gu	of participants in be used in the Dis and waiver and	a class, during trict's publications of a	g a special event ations.





Skate Rental for LTS Classes only-SPRING

233109-10

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

Rental skates will be available on a limited basis for the 8/9 week SPRING 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 8/9 week session is \$36 and \$40, 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 APRIL 2. 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:		