

## AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in HPP RINX, d/b/a The Rinx athletic/ sports events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist; and,

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, or others, and assume full responsibility for my participation; and,

3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and, I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS THE TOWN OF ISLIP AND HPP RINX, their officers, officials, agents and/ or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH or loss or damage to person or property WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I/ WE HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTANDING ITS TERMS AND UNDERSTAND THAT I/ WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.

### PHOTO/VIDEO WAIVER AND RELEASE

*I hereby grant permission by my signature for:* 1) The Rinx Staff to photograph and video my child during Skating School Activities and to allow The Rinx Total Skating Program to utilize such photography and video for promotional purposes. 2) my child to participate in all programs that are arranged and supervised by The Rinx Total Skating Program Staff.

\_\_\_\_\_  
Print Skater's Name

\_\_\_\_\_  
Parent's or Skater's Signature

\_\_\_\_\_  
Date

The Rinx Total Skating Program  
Hidden Pond Park  
660 Terry Road  
Hauppauge, NY 11788

# SUMMER

*Athlete's  
Advantage*  
For Figure Skaters



## AUGUST 20-24, 2018

at

THE RINX  
*TOTAL SKATING PROGRAM*

Tel: 631-232-3222 ext 209 or 0

# SUMMER ATHLETE'S ADVANTAGE WEEK

Summer  
Athlete's Advantage Week  
August 20-24, 2018



Training for success

This newly designed training program was developed to train the total athlete, and provide each the tools for success.

Your week will include:

- ◆ Freestyle sessions organized by level
- ◆ Clinics, Video analysis, Jump Harness
- ◆ Off-ice conditioning, Pilates & Yoga
- ◆ Off-ice dance classes
- ◆ Off-ice jump clinics, video, classroom
- ◆ Mental training
- ◆ Skill technique and presentation
- ◆ Competition simulations
- ◆ Special Guest coaches and more!
- ◆ Private lessons may be scheduled with your coaching team, and guest coaches.

## Groups and Prices

Group Descriptions	Week
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<b>Elite Edge</b>	\$269
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*Pre-Juvenile IJS\*—Senior IJS*

- 2.75 hours on ice, 1.5 hours off ice, clinics and more!
- Bring bagged lunch
- Private lessons are available for additional cost.

<b>Jr. Elite Edge</b>	\$249
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*Free Skate 1—Intermediate Test Track*

- 2.50 hours on ice, 1.25 hours off ice, clinics and more!
- Private lessons are available for additional cost.

**Dates:**

**August 20—24, 2018**

**Times:**

**Elite Edge 8:20 am—1:30 pm**

**Jr. Elite Edge 12:00 pm—4:30 pm**

There will be **NO** make-ups, credits or refunds for days missed due to illness, family matters, homesickness or injury.

Check box	Price
<input type="checkbox"/> Elite Edge (Pre-Juvenile IJS—Senior IJS)	\$269
<input type="checkbox"/> Jr. Elite Edge (Free Skate 1—Intermediate TT)	\$249

Highest MIF Passed	Highest FS Passed	Age	DOB	M/F
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Name \_\_\_\_\_

Address \_\_\_\_\_

City	State, ZIP	Email
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Home Phone	Work Phone	Cell Phone
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Emergency Contact	Telephone	Cell Phone
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### Medical Emergency Permission

In the event that I or others listed as emergency contacts cannot be reached in an emergency, I hereby grant The Rinx authority to act on my child's behalf.

Parent or Guardian Signature	Print Name	Date
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Method of Payment

<input type="checkbox"/> Check	<input type="checkbox"/> Visa
<input type="checkbox"/> Cash	<input type="checkbox"/> MasterCard

Credit Card #	Exp. date	CUV
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Signature \_\_\_\_\_

**Payment in full required by June 15, 2018**

The Rinx Total Skating Program  
Hidden Pond Park  
660 Terry Road  
Hauppauge, NY 11788

Phone: 631-232-3222 ext 209 or 0  
Fax: 631-232-3266  
Email: cathryns@therinx.com

Summer Athlete's Advantage Week