

School Break Program Enrollment Form

Please submit completed form and waiver via fax, email, or in person to Guest Services at Lakeside.

Program(s): _____ Class Day(s) _____ Level(s) _____

Session: _____ Year _____ ISI Member? Y N

Participant First Name: _____ Participant Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Email: _____

Date of Birth: _____ Age: _____ Gender: _____

Name of Parent/Guardian: _____ Secondary Phone: _____

Notes/Health Problems/Special Needs:

- Participants must be current ISI members. Non-members will be charged an additional membership fee (\$15 for skate school, \$30 for hockey)
- Tot-level skaters must wear a helmet.
- No refunds, credits, or make-up classes.
- Please wear comfortable clothing that allows for unrestricted movement. Jeans are not recommended.
- Lakeside Brooklyn reserves the right to change or cancel the time or day of class.

Terms and Conditions

I/my child participates in this program at my/his/her own risk and hereby release ISI, Lakeside Brooklyn, and their officers, directors, instructors, and personnel from all liability. I declare that the above information is true. I do hereby grant and give ISI and Lakeside Brooklyn the right to use my/my child's photograph/image with or without my/my child's name, both single and in conjunction with other persons or objects for any and all purposes.

By checking this box, I acknowledge that I have read and agreed to the above Terms and Conditions

Card Type: _____ Card Number: _____ Security Code: _____

Name on Card: _____ Expiration Date: _____

Amount: _____ Signature: _____

With this signature, electronic or manual, I authorize Lakeside Brooklyn to charge the credit card indicated in this web form and agree to the terms and conditions above. I understand that there are no returns, refunds, cancellations or make-ups. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company, so long as the transaction corresponds to the terms indicated in this web form.

Waiver of Liability, Release

Assumption of Risk & Indemnity Agreement

It is the purpose of this agreement to exempt, waive and relieve releasees from liability for personal injury, property damage, and wrongful death, including if caused by negligence, including the negligence, if any, of releasees. "Releasees" include Upsilon Ventures, LLC., Lakeside Brooklyn, LLC., its affiliate associations, local associations, member teams, event hosts, other participants, coaches, instructors, officials, sponsors, advertisers, and each of them, their officers, directors, agents and employees. For and in consideration of the undersigned participant's registration with the LeFrak Center at Lakeside, its affiliates, local associations and member teams, coaches, instructors and being allowed to participate in LeFrak Center at Lakeside instructional and recreational classes, clinics, events and member team activities, participant (and the parent(s) or legal guardian(s) of participant, if applicable) waive, release and relinquish any and all claims for liability and cause(s) of action, including for personal injury, property damage or wrongful death occurring to participant, arising out of participation in LeFrak Center at Lakeside instructional and recreational classes, clinics, events, member team activities, the sport of ice hockey, ice skating, roller skating and/or activities incidental thereto, whenever or however they occur and for such period said activities may continue, and by this agreement any such claims, rights, and causes of action that participant (and participant's parent(s) or legal guardian(s), if applicable) may have are hereby waived, released and relinquished, and participant (and parent(s)/guardian(s), if applicable) does(do) so on behalf of my/our and participant's heirs, executors, administrators and assigns. Participant (and participant's parent(s)/guardian(s), if applicable) acknowledge, understand and assume all risks relating to instructional and recreational classes and clinics including but not limited to ice hockey, ice skating, roller skating and any member team activities, and understand that these type and similar type of activities involve risks to participant's person including bodily injury, partial or total disability, paralysis and death, and damages which may arise therefrom and that I/we have full knowledge of said risks. These risks and dangers may be caused by the negligence of the participant or the negligence of others, including the "releasees" identified above.

These risks and dangers include, but are not limited to, those arising from participating with bigger, faster and stronger participants, and these risks and dangers will increase if participant participates in ice hockey, ice skating, roller skating and other similar member team activities and instructional clinics and classes in an age group above that which participant would normally participate in. I/We further acknowledge that there may be risks and dangers not known to us or not reasonably foreseeable at this time. Participant (and participant's parent(s)/guardian(s), if applicable) acknowledge, understand and agree that all of the risks and dangers described throughout this agreement, including those caused by the negligence of participant and/or others, are included within the waiver, release and relinquishment described in the preceding paragraph. I/We agree to abide by and be bound under the rules of the LeFrak Center at Lakeside.

Participant (and participant's parent(s)/guardian(s), if applicable) acknowledge, understand and assume the risks, if any, arising from the conditions and use of the LeFrak Center at Lakeside facility including but not limited to the rinks and related premises and acknowledge and understand that included within the scope of this waiver and release is any cause of action (including any cause of action based on negligence) arising from the performance, or failure to perform, maintenance, inspection, supervision or control of said areas and for the failure to warn of dangerous conditions existing at said rinks, for negligent selection of certain releasees, or negligent supervision or instruction by releasees.

As further consideration for registration and participation in LeFrak Center at Lakeside instructional and recreational classes, clinics, events and member team activities, participant (and the parent(s) or legal guardian(s) of participant, if applicable), hereby (1) consents and agrees that Upsilon Ventures, LLC., Lakeside Brooklyn, LLC., and its licensees and designees may make video and/or audio recordings of and/or otherwise film, photograph or memorialize some or all of participant's participation in such events and activities, and (2) grants to Upsilon Ventures, LLC., Lakeside Brooklyn, and its licensees, designees, successors and assigns, a worldwide, perpetual, irrevocable, fully-paid, royalty-free, transferable and sublicenseable right and license to use, copy and disseminate participant's image and personal attributes, and to modify and present same in any form, manner and media, now known or hereafter devised, for any purpose whatsoever. If the law in any controlling jurisdiction renders any part of this agreement unenforceable, the remainder of this agreement shall nevertheless remain enforceable to the full extent, if any, allowed by controlling law.

This agreement affects your legal rights, and you may wish to consult an attorney concerning this agreement. Participant (and participant's parent(s)/guardian(s), if applicable) agree if any claim for participant's personal injury or wrongful death is commenced against releasees, he/she shall defend, indemnify and save harmless releasees from any and all claims or causes of action by whomever or wherever made or presented for participant's personal injuries, property damage or wrongful death. Participant (and participant's parent(s)/guardian(s), if applicable) acknowledge that they have been provided and have read the above paragraphs and have not relied upon any representations of releasees, that they are fully advised of the potential dangers and understand these waivers and releases are necessary to participate in LeFrak at Lakeside instructional and recreational clinics, classes, events and member team activities.

I have read, fully understand, and agree to the provisions provided in the above-referenced LeFrak Center at Lakeside Waiver of Liability, Release Assumption of Risk & Indemnity Agreement.

Responsible Party Name: _____

Responsible Party Signature: _____

Date: _____

Medical Release Form

Please submit completed form and waiver via fax, email, or in person to Guest Services at Lakeside.

Parent/Legal Guardian's Name: _____

Parent/Legal Guardian's Address: _____

Parent/Legal Guardian's Phone Number: _____

Child's Full Name: _____

Operations or serious injuries (with dates): _____

All known illness/medical condition(s): _____

Dietary Restrictions: _____

Allergies (food, drug, plant, insect, etc.): _____

Current Medications: _____

Physician's Name: _____ Phone Number: _____

Physician's Address: _____

Dentist's Name: _____ Phone Number: _____

Orthodontist's Name: _____ Phone Number: _____

Medical/Hospital Insurance Carrier _____ Policy/Group # _____

Terms and Conditions:

In the event of an emergency or non-emergency situation regarding medical treatment, I hereby grant permission for any and all medical and/or dental attention to be administered to my child, in the event of an injury or illness, until such time as I can be contacted. This permission includes, but is not limited to: the administration of first aid, the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel. I acknowledge that participation in athletics carries with it a risk of physical injury. I agree that Lakeside Brooklyn, LLC., its officers, directors, instructors, and personnel shall not be liable to me or my child for any injury or damage, howsoever caused, resulting directly or indirectly from my/my child's participation in any and all Lakeside Brooklyn, LLC. programming at any time preceding, during, or after program is in session and I hereby discharge ISI and Lakeside Brooklyn and its officers, directors, instructors, and personnel from all actions, claims, and demands I or my child may have for any such injury or damage. I declare the above information is true and this health history is correct as far as I know. The person herein described has permission to engage in all program activities except as noted.

By checking this box, I acknowledge that I have read and agreed to the above Terms and Conditions

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____