

# 2015-2016



# Luddy's Freestyle Class

Class will cover 7 or 8 weeks depending on the series. Pick your level, pick a 2nd class in the same series and it is 1/2 price!

Sep14 - Oct29, 2015  
Register by 8/20/2015 \$105  
Register after 8/20/2015 \$135

Nov02 - Dec17, 2015  
Register by 10/15/2015 \$105  
Register after 10/15/2015 \$135

**Series 1 (7 Weeks)**

Mondays 6:30-7:00p low/med

Mondays 7:00-7:30p high

Thursday 5:50-6:20p medium

**Series 2 (7 Weeks)**

Mondays 6:30-7:00p low/med

Mondays 7:00-7:30p high

Thursday 5:50-6:20p medium

Jan04 - Mar03, 2016  
Register by 12/22/2015 \$110  
Register after 12/22/2015 \$140

Mar07 - Apr28, 2016  
Register by 2/11/2016 \$110  
Register after 2/11/2016 \$140

**Series 3 (8 Weeks)**

Mondays 6:30-7:00p low/med

Mondays 7:00-7:30p high

Thursday 5:50-6:20p medium

**Series 4 (7 Weeks)**

Mondays 6:30-7:00p low/med

Mondays 7:00-7:30p high

Thursday 5:50-6:20p medium

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

MasterCard or Visa #: \_\_\_\_\_ Exp Date: \_\_\_\_\_ 3 digit code \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Please make checks payable to **THE POND, INC.** All returned checks are subject to a \$30.00 return check fee. All refunds are "Limited" to Proof of Medial Injury/Illness, refunds include a \$35.00 non-refundable Registration Fee.

**Waiver:** In consideration of using The Pond Ice Arena and understanding that there are inherit risks in connection with this activity; I hereby assume these risks for myself and/or individual(s) under my responsibility. I waive any possible claim that may arise against CCB Ice LLC, The Pond Inc. and its employees for any damages or injuries sustained in the course of the activity and I agree to indemnify and save harmless and not to assert a claim against or sue CCB Ice LLC, The Pond Inc., and its employees for any such damages or injuries or any and all other claims which may arise in connection with my (our) use of the facilities, or travel to and from these facilities.

Participant Signature: \_\_\_\_\_

For more information, please contact the Learn To Skate Director Suzy Semanick-Schurman  
101 John F. Campbell Drive  
Newark, Delaware 19711  
(302) 266-0777 Ext. 12 (Fax) 266-7793  
e-mail [LTS@thepondicearena.com](mailto:LTS@thepondicearena.com) [www.thepondicearena.com](http://www.thepondicearena.com)

**LUDDY'S FREESTYLE CLASS—PARTICIPANT WAIVER**

**-- READ BEFORE SIGNING --**

In consideration of being allowed to participate in any way in the Learn to Skate program, related events and activities of The Pond, I \_\_\_\_\_, the undersigned, acknowledge, appreciate, and agree that:

The risk of injury from the 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 this risk, the risk of serious injury does exist; and, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown of my participation in the Learn to Skate program. EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and, I willingly agree to comply with the stated and customary terms and conditions for participation in the Learn to Skate program. 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, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE Pond, 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 ("Releases"), 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, to the fullest extent permitted by law.

Arbitration: In further consideration of allowing me to participate in the aforementioned activities, I hereby agree to submit to binding arbitration any and all claims which I believe I may have against the facility arising from my activities at the facility. The arbitration shall be pursuant to the rules of the American Arbitration Association. The arbitrators shall apply the Federal Rules of Evidence to all proceedings.

Arbitration shall be commenced within one (1) year from the date on which any alleged claim first arose. Further, the arbitration shall be held in the town where the Arena is located, unless otherwise mutually agreed to by all the parties. The submission to the American Arbitration Association shall be unlimited and the arbitration award may be enforced by any court of competent jurisdiction.

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

x

Date Signed: \_\_\_\_\_

Age: \_\_\_\_\_

\_\_\_\_\_  
PARTICIPANT'S SIGNATURE

**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE** (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

x

Date Signed: \_\_\_\_\_

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

EMERGENCY PHONES # (s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_