

In consideration of being allowed to participate in any way in the Highland Ice Arena/Highland Skating School (HIA/HSS) program, related events and activities of **Beginner Synchro 2018-19**, I, the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in the 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,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown of my participation in **Beginner Synchro 2018-19** EVEN 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 in **Beginner Synchro 2018-19**. 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,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE **Highland Sports Center, Inc., HIA/HSS**, 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, to the fullest extent permitted by law.
5. 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 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 FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.

Participant's Signature _____ Date _____

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE
(Participant 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 for all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

Parent/Guardian Signature _____ Date _____

Participant and/or family may be photographed and or digitally recorded during practices and shows. I understand Highland Sports Center Inc./HIA/HSS retains the right to use these images, video and/or audio in literature and advertising without limitation and without compensation to participant or parent/guardian.

Initial _____

Beginner Synchro



Fridays 6:15PM-7:30PM

April 26th-June 7th

+

**Ice Fest Competition
(TBD: May 31-Jun 2)**

+

**Highland June Show
(tentative)**



18005 Aurora Ave N
Shoreline, WA 98133
206-546-2431
www.highlandice.com



Do you love participating in our show classes?

Have you ever wanted to compete, but are concerned about being on the ice alone?

Do you want to join the synchro team but have not achieved a high enough level?

Or have you wanted to compete but have not been able to afford private lessons?

Here's your opportunity to learn a competitive program in a group setting and compete in a local area competition.

This class is specifically for beginner skaters, Basic 3-Freeskate 6, who are not yet ready to join the Washington Ice Emeralds (WIE) competitive travelling synchro team.

This is a perfect way to begin learning the foundational skills of synchronized skating and ensure that your skater enjoys synchro enough to want to graduate to a WIE competitive travelling team.

You may participate in one, two or all three of the classes/competitions.



**ADDITIONAL
INFORMATION**

Learn to Skate USA membership required.

Late registrations are only accepted with Coach Marie's approval.

Class skaters may skate one Public Session each day before or after class at no additional charge.

Minimum of 8 skaters per class required; if fewer than 8, the class may be cancelled.

Missed classes will not be refunded and there are no make-up classes offered.

Off ice is part of each class. Wear your athletic tennis shoes. (No heelies, boots, etc.)

Skaters must purchase the following team items: black dress, black jacket, embroidery for jacket*, hair supplies. All items are available only from Highland. Once you have the approved team wear/item, you do not need to purchase it again this season.

These classes will be taught by Marie Grieshaber.

New skaters (Basic 3-FreeSkate 6) are welcome.

6 Week Synchro Skills Class + Performances

\$125 for the class

- **Friday Classes:** 6:15-7:45PM: 4/26, 5/3, 5/10, 5/17, 5/31, 6/7
- Classes are off ice from 6:15-6:40PM (tennis shoes required); 5 minutes to put skates on; 6:45-7:30PM on-ice
- No Class on 5/24

1st time team members:

***Black Mondor Dress, Team Jacket & Hair Supplies
purchased from Highland Pro Shop***

*The cost of embroidery on The Highlanders' jacket is paid to Coach Marie on the first day of class and may be paid with either cash, check, or PayPal. \$35

BEGINNER SYNCHRO SPRING 2019

REGISTRATION FORM

NAME

ADDRESS

CITY

STATE

ZIP

PHONE 1

PHONE 2

E-MAIL

DATE OF BIRTH

MY CURRENT LEVEL IS:

MEDICAL INFORMATION Please list any allergies, drug allergies or medical conditions.

In the event I am not present, I hereby authorize medical assistance for my minor child.

SIGNATURE

DATE

OFFICE USE ONLY

| | | |
|----------|------|----------|
| Ticket # | Date | Initials |
| Ticket # | Date | Initials |
| Ticket # | Date | Initials |

PLEASE COMPLETE OTHER SIDE OF FORM