



SPRING ICE SHOW

Student Name: _____ Age: _____

Address: _____

City, State, Zip _____

Phone: _____ Email: _____

Name of Music: _____

Length of Music: _____

Waiver (please read): I acknowledge that this activity has potential dangers in it. In order to participate in this activity, I agree to hold the facility harmless and waive any right to make claims or lawsuits against the facility or anyone working on behalf of the facility for any injuries or related to alleged negligence of the facility. This waiver does not apply to any injuries or damages that are result of any willful, wanton or international miscount. My participation in this activity is voluntary and I understand the effect of this waiver on my legal rights. No refunds.

Date: _____ Name: _____

Signature: _____

PRE-REGISTER FOR \$25

CAPITAL ARENA

16 CLIFTON COMMON BLVD. CLIFTON PARK, NY 12065