

BURGGRAFSKATING.COM

Fall On Ice Skating Clinic

October 26-28

Monday-Wednesday Evenings

Wapehton ND

2 Groups

Group 1 Mite/Squirt PW 15 SKATERS 6:30PM-7:30PM \$150

Group 2 Bantam HS 15 SKATERS 7:45PM-9:00PM \$175

FULL GEAR REQUIRED

TO Register Complete the registration form and submit to Frank Burggraf

Via text photo of registration to 701 238 4526 or email twogz1f@aol.com

Venmo or Check mailed to Burggraf 7007 E Grand View LN Gold Canyon AZ, 85119

You must pre-register

Please Print Clearly

Name: _____ Age: _____ Group: _____

City: _____ State: _____ Zip: _____

Email: _____ @ _____ . _____ Phone: _____

Office use: _____

Release of Liability Please read the following information carefully regarding your participation in the Burggraf Clinic, its drills, techniques, equipment usage, testing and evaluations. If you have any questions, please contact the Frank Burggraf. I understand that: my participation is solely voluntary. The Burggraf Clinic will be under the supervision of the Burggraf Instructor(s). I hereby consent to FB.Inc/Burggraf Skating Skills to use the data obtained in reports for promotional publications, but my identity will not be associated with them unless I have given permission to do so. I understand that as with any sport, there are risks to me because of my participation and that my participation in the Burggraf Program should not result in personal injury to me. HOWEVER: I acknowledge in the event of physical injury to me resulting from my participation in the Burggraf Clinic, its' drills, techniques, equipment usage, no medical treatment or monetary compensation will be provided by FB.Inc. Burggraf Skating Skills, its staff or associates. I must look to my own health insurance policies. I understand that FB.Inc Burggraf Skating Skills, or its leased facilities are not held liable or responsible for accidents, injuries, or loss, however caused, from the drills/techniques or events associated in whole or part from my participation in any Burggraf Programs. Clinic, FB.Inc. Burggraf Skating Skills, its staff or associates are not responsible or liable for the participants, their actions, supervision, or conduct while away from the ISOtm Program, its facilities used, or on the participant's own time. Participants that choose to use their own transportation between facilities if under 18, must have parents signature allowing them to drive..

I acknowledge that the participant is under the age of 18. I have reviewed and understand the information provided. I also certify that the information that is provided is true and accurate. I consent to _____ participation in the Burggraf Program.