



CIRCLE CITY CURLING CLUB

HITTING THE BROOM SINCE 2007



PRIVATE CLINIC FORM

Name:

Address:

City, State, ZIP:

Phone:

Email:

Business/Organization/Group:

This statement is to confirm your Private Curling has been scheduled.

Date booked: # of Participants: (Maximum 32)

Time Frame: 2.5 hr(s) total. .5 hour classroom session, 2 hours ice time

Rate: \$750

\$750 payment in full for ice time is required on all private parties at the time of the booking. Groups who have not paid ice time in full prior to their event may be subject to cancellation of ice time. Ice fees are non-refundable if canceled within two (2) weeks of event. All curlers must sign the attached waiver and release form before getting on the ice.

Waiver and Release. The group contact represents that all members of organization understand and waive, release, and hold harmless the Indiana/World Skating Academy and Circle City Curling Club Inc. and all of the above entities' directors, officers, employees, volunteers, agents, successors, and assigns from all claims for any liability, injury to person or property, loss damage in any way connected with my participating in the Event, whether or not caused in whole or in part by negligence, gross or otherwise, or misconduct of the organizers or participants.

Please sign and return a copy of this form **along with the deposit** for confirmation

Authorized Signature

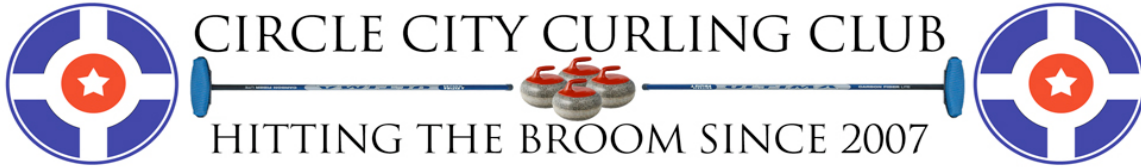
If you have any questions or concerns please feel free to contact us via email at Info@circlecitycurling.com

Please send signed agreement and payment to:

Circle City Curling

7232 Maple Bluff Place

Indianapolis, IN 46236



Date _____

CIRCLE CITY CURLING/ IWSA WAIVER RELEASE OF LIABILITY, AND CONSENT TO MEDICAL ATTENTION

In exchange for my being allowed to participate in Curling Clinic (“Activity”), I hereby certify that I am, at least 18 years old, my parent or guardian (individually and collectively referred to below in the first person singular) agree to be bound to each of the following:

- 1. Obligation to Inspect Facilities and Equipment** I agree to prior to participating in the Activity, I will inspect the facilities and equipment to be used. If I believe anything is unsafe, I will immediately advise Circle City Curling coaches and/or IWSA staff of such unsafe conditions(s) and refuse to participate in the Activity.
- 2. Identification of Risks** I understand that participation in the Activity involves risk of serious injury, including permanent disability and death, and other losses, both to person and property. I understand that these injuries and losses might result from the actions, inactions, negligence, or conduct of others, the rules of the Activity, or the condition of the premises or of any equipment used.
- 3. Assumption of Risk** I assume all risks, known and unknown, in any way connected with my participation in the Activity. I accept personal responsibility for any liability, injury, loss, or damage in any way connected with my participation in the Activity.
- 4. Waiver and Release** I waive, release, and hold harmless Circle City Curling, Indiana World Skating Academy, and each of their affiliated clubs and organizations, directors, officers, sponsors, employees, volunteers, agents, successors, and assigns from all claims for any liability, injury, loss, or damage in any way connected with my participation in the Activity whether or not caused in whole or part by the negligence or other misconduct of any of the organizations or individuals mentioned above. I intend for this waiver and release also to apply to any relatives, personal representatives, heirs, beneficiaries, next of kin, or assigns who might pursue any legal action or claim for such liability, injury, loss, or damage.
- 5. Consent to Medical Treatment** I agree that Circle City Curling, IWSA may provide to me, through medical personnel of its choice, customary medical or training assistance, transportation, and emergency medical services. This consent does not impose a duty upon Circle City Curling, Ellenberger Ice Rink, and Indy Parks Department to provide such assistance, transportation, or services.
- 6. Photo Release** I hereby give permission to Circle City Curling, IWSA to use photographs of me and/or my child(ren) for promoting, publicizing, and advertising Circle City Curling, Ellenberger Ice Rink, and Indy Parks Department and its programs. I release Circle City Curling, Ellenberger Ice Rink, and Indy Parks Department from all claims for financial compensation now and in the future.

I HAVE READ THIS WAIVER, RELEASE, AND CONSENT. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER, RELEASE, AND CONSENT VOLUNTARILY.



CIRCLE CITY CURLING CLUB



HITTING THE BROOM SINCE 2007



Participant Name	Signature
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