



Municipality of Colchester
Adult Learn 2 Skate/ West Colchester United Arena
February 3rd -March 10th
6-7 PM
Cost: \$20 (6 Week Program)



Name: _____

Phone Numbers: (Home) _____ (Cell) _____ (Work) _____

Address: _____ Postal Code: _____

Email Address: _____

Emergency Contact: _____ Phone number: _____

Please check one of the following that best describes your skating skill level:

Skating

_____ No experience

_____ Some experience

_____ Ready for the Olympics

Disclaimer

I acknowledge that there are risks associated with exercise and agree to assume legal responsibility for injuries or death caused by exercise associated with the Adult Learn 2 Skate program. Neither I nor my estate will make a claim against the Municipality of the County of Colchester or event/activity organizers even if their negligence caused or contributed to my injuries or death.

Name: _____ Signature: _____

Date: _____ Witness: _____