



**Open practice guest registration form and waiver**

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SKATER'S NAME (PLEASE PRINT)

DATE OF BIRTH

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PARENT/GUARDIAN'S NAME (PLEASE PRINT)

HOME PHONE #

WORK PHONE #

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ADDRESS

CITY

ZIP

**Waiver**

I am aware that participating in this program may result in serious injury/death, and I am willing to accept and assume all responsibilities for loss/damages/injuries that may occur. In addition, I release Capitol Skating School, LLC and it's affiliates, Capitol Ice, LLC, sponsors and organizers from any liability. In the event of injury, I give my permission for the person in charge to seek medical attention.

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PARTICIPANT (IF OVER 18) OR PARENT / GUARDIAN SIGNATURE

DATE