

# OVER THE EDGE, INC.

ICE SKATING SCHOOL

P.O. BOX 3868

ALBANY, NEW YORK 12203

PAMELA A. TALLENT, PRESIDENT

OVERTHEEDGE@FRONTIERNET.NET

TEL.: (518) 922-7652

## **OVER THE EDGE, INC. MEMBERSHIP APPLICATION JANUARY 1-DECEMBER 31, 2011**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

ISI Member yes \_\_\_ no \_\_\_ ISI # \_\_\_\_\_ Exp. date \_\_\_\_\_

Highest Level Passed \_\_\_\_\_

USFS Member yes \_\_\_ no \_\_\_ Highest Test Passed \_\_\_\_\_

Skating Coach(es) \_\_\_\_\_

Annual Membership Fee - \$25.00, payable to Over The Edge, Inc.

**\*\* Individual ISI Membership is NOT included. \*\***

**WAIVER OF LIABILITY**

In consideration of participating in Over The Edge, Inc. ice skating and related activities, I acknowledge that I understand the nature of the Activity and that I and/or my minor child am in good health, and in proper physical condition to participate in such Activity.

I fully understand that ice skating involves risks of serious bodily injury, and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I and/or my minor child incur as a result of participation in the Activity.

Aware of the risks and willing to assume them, I hereby waive, release, and agree to hold harmless Over The Edge, Inc., the ice rink facility, their respective owners, administrators, directors, agents, officers, coaches, volunteers, employees, and other participants from any and all claims by me or on my behalf for any liability, injury, loss or damage in any way connected with my participation in the Activity.

I currently have for myself, and/or my minor child, and agree to maintain throughout the time of participation, valid and sufficient medical and accident insurance. I understand that this is my sole responsibility and release all persons and entities from providing this coverage for me.

I have read this release and waiver of liability, assumption of risk and indemnity and fully understand it.

**Signature of Participant (or Parent or Guardian, if under 18 years of age):**

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**Date** \_\_\_\_\_