



# Speedskating

## Fall 2009

for Beginner to Advanced Speedskaters

**Sixteen (16) Sundays at 7:30pm-8:50pm**  
**Starting Sunday September 7, 2008**

(Beginner skaters and drills for all skaters- First 45 minutes. "A" skater only workout last 35 minutes).

The Fairfield County Speedskating Club is pleased to offer Speedskating sessions at The Rinks at Shelton for men/women and boys/girls of all age and skill levels.

**Beginners are welcomed and highly encouraged.**

- **Free instruction** by Connecticut Speedskating Association coaching staff.
- **Weekly sessions focus on proper skating technique, power and speed.**
- **Short and Long track training.**
- **Skaters are divided by age and skill levels.**

**The Connecticut  
Speedskating Association**

**Questions- Contact Fairfield County Speedskating Club**  
via [e-mail](mailto:Pleskow@aol.com)- [Pleskow@aol.com](mailto:Pleskow@aol.com) or call 203-322-5052

**Equipment Requirements-** Speed Skates (hockey/figure skates ok for beginners), Helmet, Gloves (leather or cut resistant, neck guard, long sleeve shirt, long pants (tights/sweatpants), knee pads and elbow pads recommended.

**Session Dates: Sept 7, 14, 21, 28 Oct 5, 12, 19, 26 Nov 2, 9, 16, 23, 30 Dec 7, 14, 21**



**Space is Limited. All programs are filled on a first come first served basis. Walk on fee\*\*\*, if available, is \$25.00 per session.**



[www.SportsCenterCT.com](http://www.SportsCenterCT.com)



# Speedskating Fall 2008

784 River Road, Shelton, CT 06484

203-929-6500 fax-203-929-7624

(Payment in full must accompany enrollment. Thank you.)

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Home #: \_\_\_\_\_

Town: \_\_\_\_\_ State/Zip \_\_\_\_\_ Cell/Work #: \_\_\_\_\_

E-mail : \_\_\_\_\_

RMS Code=LTS/ Speed fall 2008

**Season Subscription Price      \$ 319.00**

Make Checks payable to The Rinks at Shelton or fill credit card info below.

**\_\_\_\_\_ check if  
Walk-on at \$25.**

**Credit Card Information:** I authorize The Rink at Shelton to charge the above balance to my account without further notice.

Credit Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

## The Rinks at Shelton, the Fairfield County Speedskating Club and The Connecticut Speedskating Association ("Rinks")

### RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

#### PARTICIPANT PLEASE READ BEFORE SIGNING (Larger Type Copy available at Front Office).

In consideration of being allowed to participate in any way in any and all activities, leagues, clinics, events, skating programs at Rinks ("Program"), Participant, acknowledges and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis, disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. PARTICIPANT KNOWINGLY AND FREELY ASSUMES ALL SUCH RISKS, being both known and unknown of my participation in the Program EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. PARTICIPANT willingly agrees to comply with the stated and customary terms and conditions for participation in the Program, if however, PARTICIPANT observe any unusual significant hazard during my presence or participation, PARTICIPANT will remove myself from participation and bring such to the attention of the nearest official immediately, and,
4. PARTICIPANT, for myself and on the behalf of my heirs, assigns, personal representatives, next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS RINKS, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. Arbitration: In further consideration of allowing me to participate in the aforementioned Program, PARTICIPANT hereby agrees to submit to binding arbitration any and all claims which PARTICIPANT believes PARTICIPANT may have against Rinks arising from my activities at the Rinks. The arbitration shall be pursuant to the rules of the American Arbitration Association. The arbitration shall apply the Federal Rules of Evidence to all proceedings.

Arbitration shall be commenced within one (1) year from the date on which any alleged claim first arose. Furthermore, the arbitration shall be held in Shelton, Connecticut unless otherwise mutually agreed to by all parties. The submission to American Arbitration Association shall be unlimited and the arbitration award may be enforced by any court of competent jurisdiction.

6. I hereby grant Rinks the right to use photographs, video images and/or other media of participant for publicity, advertising and/or other commercial purposes without notice or remuneration of any kind. Participant has opted-in, and expressly gives their permission to receive e-mail information from Rinks.

PARTICIPANT HAS READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTANDS ITS TERMS, UNDERSTANDS THAT PARTICIPANT HAS GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGNS IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

#### **FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this Participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin. I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X \_\_\_\_\_ Date Signed: \_\_\_\_\_  
Participant or Parent/Guardian Signature if minor

Note: Pro-rata refunds only if due to injury/major sickness which results in missing a substantial amount of classes (Doctor's note required) net of \$35 admin fee. **No make-ups.** All programs are subject to availability. **All prices/programs are subject to change without notice.**