

DEEP FREEZE SKATING CLUB PRESENTS

# THEATER ON ICE

WITH

## DEEP FREEZE PRODUCTIONS

SUNDAY 5:45-6:35 PM - 6 SESSIONS PER SERIES

**\$95 PER SERIES**  
**\*\*\$75\*\***  
**WITH DISCOUNT PRICING PLAN**

**Series 1:** September 7, 14, 21, 28, October 5, 12  
**Series 2:** October 19, November 2, 9, 16, 23, 30  
**Series 3:** December 7, 14, January 4, 11, 18, 25  
**Series 4:** February 1, 8, 15, 22, March 1, 8  
**Series 5:** March 15, 22, 29, April 12, 19, 26

**ALL SKILL LEVELS WELCOME!**  
**CLUB MEMBERSHIP REQUIRED!**

### Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement

In consideration of participation in any Deep Freeze Skating Club (DFSC) related activity, I acknowledge that I understand the nature of the activity and that I, and/or my minor child, (herein after the Skater) am qualified, in good health, and in proper physical condition to participate in such activity. I acknowledge that if conditions are unsafe, Skater will immediately discontinue participation in the activity.

I fully understand that skating involves risks of serious bodily injury, including permanent disability, paralysis, and death, and that these and other risks may be caused by Skater's own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the Releases named below; and that there may be other risks either not known to me or not foreseen at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of Skater's participation in the activity.

I hereby release, discharge, and covenant not to sue Deep Freeze Skating Club Boosters, their respective administrators, directors, agents, officers, volunteers, and employees, and any sponsors and advertisers of any sanctioned event in which Skater participates (each considered one of the Releases herein) from all liability, claims, demands, losses, or damages on Skater's or my account caused or alleged to be caused in whole or in part by the negligence of the Releases. This release waiver of liability and express assumption of risk agreement does not apply to any liability, claims, demands, losses, or damages arising out of the gross negligence of, or intentional, willful or wanton misconduct of Releases. If I, or anyone on my and/or my minor child's behalf, makes a claim, I agree I will indemnify, defend, save, and hold harmless each of the Releases from any loss, liability, damage, or cost which any may incur as the result of such claim. I acknowledge that there are no refunds or credits given for classes missed or cancelled, regardless of the reason for cancellation or absence.

DFSC has my permission to use my or my child's photograph publicly to promote DFSC and /or its programs. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use. DFSC membership required for participation in program. Attendance is expected at all rehearsals and performances. Roles are selected in the first series and will be changed if a skater is frequently absent or skips a series. All session costs are non-refundable unless you miss a session as a competitor at a figure skating competition with an event on that day. Fees for sessions that fall on DF Productions/TOI competition days, the Skate-A-Thon, and show days (bold above, subject to change) cover the skater's fee, prep, and logistics for those performances.

I acknowledge that I have read this release, waiver of liability and express assumption of risk agreement, fully understand it and that I applies to my participation in any of the series and activities of this Theater on Ice program for the 2025-2026 DFSC season. Please enter all the participants names below and have the parent/guardian sign for all minors under the age of 18 years old.

Participant Name \_\_\_\_\_

Date \_\_\_\_\_

Signature or Parent/Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

FOR ADMINISTRATIVE USE ONLY

Skill Level: \_\_\_\_\_  Cash  Check (payable to **DFSC Boosters**) # \_\_\_\_\_  Credit/Debit (\$3 fee)