

# MAKE A DATE FOR FAMILY SKATE!!!



Date: Saturday, March 16th

Place: 41 Chestnut Street, Montclair, NJ 07042

Time: 11:15 a.m. – 1:15 p.m.

Cost: \$6 per skater or \$18 per family (includes skate rentals)

Clary Anderson will be closed to the public for this occasion. The food concession will be open and a bake sale benefiting the PTA will be held on the premises. All children must be accompanied by an adult - this is not a drop-off event. (Please also remember helmets for your littles!) Pre-registration would be greatly appreciated and will speed up your entry. To register, fill out the form below along with the Liability Waiver on back. Send forms and payment to school in an envelope marked "Bradford PTA – Family Skate". Checks should be made payable to the Bradford PTA. If you have any questions, please contact Michelle Jacobs at (917) 647-8638 or michellejarney@msn.com.

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## Bradford Family Skate

Family Name \_\_\_\_\_

# of Skaters \_\_\_\_\_

Cost: \$6 per skater or \$18 per family (includes skate rentals)

**Parents/Caregivers:** If you and/or your child/ren are participating in **Bradford's Family Skate** please sign and return the following liability waiver:

**LIABILITY WAIVER**

*Please read carefully. By signing this Liability Waiver, you are releasing important legal rights. By signing below you are acknowledging that you have read carefully and understand the contents of this Liability Waiver.*

I recognize and understand the risks associated with ice skating. These risks may be caused by the negligence of the participant, or the negligence of others. I acknowledge that, depending upon individual skill and experience level, ice skating may involve falls upon the ice, collisions with other skaters, objects or structures, and may therefore be considered a hazardous activity which I have elected to voluntarily participate with my child/ren, with full knowledge, acceptance and assumption of any and all risks of personal injury, death or property damages. It is my desire for my child/ren and me to participate in the Bradford School's Family Skate event and I accept on behalf of myself and my child/ren all these risks associated with ice skating.

*I acknowledge that I have read this waiver and I acknowledge, understand and assume all potential risks relating to Family Skate. For and in consideration of our participation in the Family Skate event, I hereby agree to release the Bradford PTA and its members, volunteers, agents and/or vendors from any and all actions, causes of action, claims and demands with respect to accident, injury, illness, harm or property damage resulting from or arising out of my and my child's participation in Family Skate.*

Parent/Caregiver Signature: \_\_\_\_\_

Parent/Caregiver Name (printed): \_\_\_\_\_

Date: \_\_\_\_\_

Participating child/ren name(s) (printed): \_\_\_\_\_

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