

Learn to Skate

ADULT BEGINNER CLINICS

Skate to making old dreams your new reality.

The adult curriculum promotes physical fitness and improve balance and coordination while learning proper skating techniques.

Wednesdays 7:20 PM

September 16
September 23

Our Learn to Skate program will have limited capacity for registration and participation.
Current local, state and CDC guidelines will dictate our policies.
Participants will be required to wear cloth face masks during participation.

Please refer to our Facilities Policy and Procedures for more information.

Register Online at: [FlyersSkateZone.com/Voorhees-Adult-Learn-to-Skate](https://www.flyersskatezone.com/Voorhees-Adult-Learn-to-Skate)

\$30 PER SESSION FEE

FOR MORE INFORMATION CONTACT:

PAM DREYER

Skating Director

Pamela_Dreyer@comcastspectacor.com



[FlyersSkateZone.com](https://www.flyersskatezone.com)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ DOB: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

PREVIOUS SKATING EXPERIENCE : _____

NO REFUNDS NO MAKEUPS
REGISTRATION ACCEPTED ON A FIRST-RECEIVED BASIS. CLASS SIZES ARE LIMITED.

Please Make Checks Payable to:
Flyers Skate Zone

Please Return Signed Application to:
Virtua Center Flyers Skate Zone
601 Laurel Oak Road | Voorhees, NJ 08043

FLYERS SKATE ZONE PARTICIPANT RELEASE/WAIVER
-- READ BEFORE SIGNING --

In consideration of being allowed to participate in an on-ice activity at the Flyers Skate Zone, I _____ the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this activity is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown of my participation in any on-ice activity, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I acknowledge that there is an inherent risk of exposure to COVID-19 in any public place where people are present. By entering the Flyers Skate Zone, I AM KNOWINGLY AND FREELY ASSUMING THE RISK related to exposure to COVID-19.
4. I willingly agree to comply with the stated and customary terms and conditions for participation in an on-ice activity as well as all laws, regulations, ordinances, and Flyers Skate Zone rules including, without limitation, those implemented to reduce the risk of transmission of COVID-19. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such hazard to the attention of the nearest official immediately.
5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS: FLYERS SKATE ZONE, PHILADELPHIA FLYERS, 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, INCLUDING ANY AND ALL COVID-19 RELATED CLAIMS ASSERTED OR ALLEGED AGAINST RELEASEES, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, TO THE FULLEST EXTENT PERMITTED BY LAW.
6. I, HEREBY GRANT PERMISSION TO FLYERS SKATE ZONE REPRESENTATIVES, TO TAKE AND USE PHOTOGRAPHS AND/OR DIGITAL IMAGES OF ME FOR USE IN NEWS RELEASES AND/OR PROMOTIONAL MATERIALS. THESE MATERIALS MIGHT INCLUDE PRINTED OR ELECTRONIC PUBLICATIONS, WEB SITES, OR OTHER ELECTRONIC COMMUNICATIONS. I FURTHER AGREE THAT MY NAME AND IDENTITY MAY BE REVEALED IN DESCRIPTIVE TEXT OR COMMENTARY IN CONNECTION WITH THE IMAGE(S). I AUTHORIZE THE USE OF THESE IMAGES WITHOUT COMPENSATION TO ME. ALL NEGATIVES, PRINTS, DIGITAL REPRODUCTIONS SHALL BE THE PROPERTY OF THE FLYERS SKATE ZONE REPRESENTATIVES.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

SIGNATURE OF PARENT, GUARDIAN OF PARTICIPANT: _____ DATE: _____

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