



Advanced Power Hockey

Holiday Skills & Small Area Games

2001's—2000's & 1999's

December 27th, 28th, 29th & 30th

10:00am—10:50am *On Ice Session* 7 Bridges NHL

10:50am—11:00am *Break*

11:00am—11:50am *On Ice Session* 7 Bridges NHL

Work on your Skills Set:

Improve Skating Agility and Explosive Power, Puck Handling,
Passing and Receiving

Train your Brain with Small Area Games:

Develop your Vision and Game Sense



Cost \$99.00 Full Camp



Seven Bridges Ice Arena 6690 S Route 53, Woodridge IL 60517 Phone: 630-521-1111

Holiday Skills & Small Area Games

PROGRAM ENROLLMENT FORM
PARTICIPATION AGREEMENT
RELEASE OF LIABILITY FORM
WAIVER OF CLAIMS FORM
ASSUMPTION OF RISK FORM

MAIL TO: Advanced Power Hockey 6690 S. Route 53, Woodridge IL, 60517 or Fax: 630-521-1150

Player Name: _____

Emergency Contact: _____ Emergency Phone #: _____

Email: _____

Position: _____ Level: (Circle One) 2001 2000 1999

Payment: \$99.00 Made out to: Advanced Power Hockey

Check Number: _____

VISA or MasterCard (circle one) Name on CC: _____

Billing address of CC: _____

CC#: _____ Exp: _____ 3 Digit Security Code _____

**Accepting Checks, Cash and Master Card or Visa. 4% Surcharge on all Credit Card payments.
Please make all Checks Payable to Advanced Power Hockey (APH)**

**PARTICIPATION AGREEMENT, RELEASE OF LIABILITY, WAIVER OF CLAIMS AND ASSUMPTION OF RISK
BY SIGNING THIS DOCUMENT YOU ARE ENTERING INTO A CONTRACT WHEREIN YOU MAY BE WAIVING CERTAIN
LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.**

TO: The SB Arena LLC and Seven Bridges Ice Arena ("Arena"), Advanced Arenas USA, LLC., Chicago Mission, Advanced Power Hockey LLC, KL2 Holdings, Inc., their owners, officers, directors, agents, employees, and/or representatives of the above listed organizations:

ASSUMPTION OF RISK: I am aware that participating in an ice hockey camp/clinic involves certain inherent risks, dangers and hazards which can result in serious personal injury or death. As such, I hereby freely agree to assume and accept any and all known and unknown risks of injury to my child while participating in this hockey camp/clinic. I further recognize and acknowledge that the risks inherent in the sport of ice hockey can be greatly reduced by wearing proper protective equipment and by using common sense.

RELEASE AND WAIVER OF CLAIMS AGREEMENT: In consideration of allowing me to participate in this hockey camp/clinic, I hereby agree to the fullest extent permitted by law, as follows:

TO WAIVE ANY AND ALL CLAIMS that I have or may in the future have against the Arena, any of the parties named above and/or the rental shop; and

TO RELEASE the Arena and any party named above from any and all liability for any loss, damage, injury or expense that my child may suffer, or that any next of kin may suffer, arising from and as a result of my child's participation in this hockey camp/clinic, due to any cause whatsoever, including negligence or breach of contract regarding the design, manufacture, selection, installation, maintenance or adjustment of the equipment and in the operation, supervision, design, or maintenance of the Arena.

ARBITRATION: In consideration of allowing me to participate in this hockey camp/clinic, I hereby agree to submit to binding arbitration any and all claims which I believe I may have against the Arena, and/or the above named parties arising from my child's participation in this hockey camp/clinic. Such arbitration shall be pursuant to the rules of the American Arbitration Association. The arbitrators 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 and if not commenced within that one (1) year time frame, said claim shall be barred. Further, the arbitration shall be held in the town where the Arena is located, unless otherwise mutually agreed to by all the parties. The submission to the American Arbitration Association shall be unlimited and the arbitration award may be enforced by any court of competent jurisdiction. This Arbitration provision is in addition to and shall in no way limit the above Release and Waiver of Claims Agreement.

BINDING EFFECT OF AGREEMENT: In the event of my death or incapacity, this Agreement shall be effective and binding upon by heirs, next of kin, executors, administrators, assigns and representatives.

ENTIRE AGREEMENT: In entering into this Agreement, I am not relying upon any oral or written representation other than what is set forth in this Agreement.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE ARENA, ITS OWNERS, MANAGERS, EMPLOYEES AND/OR THE RENTAL SHOP.

Signature of Participant

Signature of Parent or Guardian if Participant is a minor

Date