



Freestyle Schedule

COST: Buy on only - \$10 per session

WEDNESDAY	MAY 1ST	3:30pm – 5:30pm
WEDNESDAY	MAY 8TH	3:30pm – 5:30pm
FRIDAY	MAY 10TH	5:00pm – 7:00pm
WEDNESDAY	MAY 15TH	3:30pm – 5:30pm
FRIDAY	MAY 17TH	5:00pm – 7:00pm
WEDNESDAY	MAY 22ND	3:30pm – 5:30pm
FRIDAY	MAY 24TH	5:00pm – 7:00pm
FRIDAY	JUNE 7TH	6:45pm – 8:45pm
FRIDAY	JUNE 14TH	6:45pm – 8:45pm
FRIDAY	JUNE 21ST	6:45pm – 8:45pm
FRIDAY	JUNE 28TH	6:45pm – 8:45pm
FRIDAY	JULY 5TH	6:45pm – 8:45pm
FRIDAY	JULY 26TH	6:45pm – 8:45pm
FRIDAY	AUGUST 2ND	6:45pm – 8:45pm
FRIDAY	AUGUST 9TH	6:45pm – 8:45pm
FRIDAY	AUGUST 16TH	6:45pm – 8:45pm
FRIDAY	AUGUST 23RD	6:45pm – 8:45pm
FRIDAY	AUGUST 30TH	6:45pm – 8:45pm

CUT HERE

**EBLE ICE ARENA
RELEASE OF LIABILITY**

I Am Being Allowed to Participate in Open Freestyle at Eble Ice Arena. I Understand That There Are Certain Dangers Inherent in Open Freestyle, Which Includes but Is Not Limited to Injuries from Contact with Other Skaters, Sideboards, the Ice and Equipment. In Consideration of Being Allowed to Participate in Open Freestyle, I, Individually and for All Others Who May Claim Based on Injury to Me, Accept the Risk of Physical Injury and Released and Discharged Waukesha County and its Employees from Any Liabilities to Me for Any Physical Injury Which May Occur While I Am Participating in Open Freestyle. I Understand That the Purpose and Intent of this Release Is to Prevent Me, and Others Who May Claim Through Me, from Recovering Any Money from Waukesha County and its Employees for Any Physical Injury I Suffer While Skating in Open Freestyle.

CHILD'S NAME _____

ADDRESS _____ PHONE# _____

EMAIL ADDRESS _____

PARENT/GAURDIAN SIGNATURE _____ DATE _____