



**Freestyle Schedule**

**COST: Buy on only - \$10 per session**

<b>WEDNESDAY</b>	<b>SEPTEMBER 11<sup>TH</sup></b>	<b>3:30pm – 5:30pm</b>
<b>WEDNESDAY</b>	<b>SEPTEMBER 18<sup>TH</sup></b>	<b>3:30pm – 5:30pm</b>
<b>WEDNESDAY</b>	<b>SEPTEMBER 25<sup>TH</sup></b>	<b>3:30pm – 5:30pm</b>
<b>WEDNESDAY</b>	<b>OCTOBER 2<sup>ND</sup></b>	<b>3:30pm – 5:30pm</b>
<b>WEDNESDAY</b>	<b>OCTOBER 9<sup>TH</sup></b>	<b>3:30pm – 5:30pm</b>
<b>WEDNESDAY</b>	<b>OCTOBER 16<sup>TH</sup></b>	<b>3:30pm – 5:30pm</b>
<b>WEDNESDAY</b>	<b>OCTOBER 23<sup>RD</sup></b>	<b>3:30pm – 5:30pm</b>
<b>WEDNESDAY</b>	<b>OCTOBER 30<sup>TH</sup></b>	<b>3:30pm – 5:30pm</b>
<b>WEDNESDAY</b>	<b>NOVEMBER 6<sup>TH</sup></b>	<b>3:30pm – 5:30pm</b>

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 \_\_\_\_\_