



Homeschool Learn-to-Skate

Select Class Level:

- Tots**
Ages 3-5
11:00-11:30am
- Alpha**
12:00-12:30pm
- Beta**
12:00-12:30pm
- Intro**
Beginners
Ages 6 & Up
Must be 6 before first class
11:00-11:30am
- Gamma**
12:00-12:30pm
- Pre Alpha 1**
11:30am-12:00pm
- Delta**
12:00-12:30pm
- Pre Alpha 2**
11:30am-12:00pm
- Freestyle**
12:00-12:30pm

TIMES SUBJECT TO CHANGE DEPENDING ON CLASS SIZE



PLEASE PRINT CLEARLY • COVID-19 WAIVER REQUIRED

Select Session(s):

- Session 1 - Fee: \$75**
October 7th-November 11th
Deadline to Register: Sept. 30th
- Session 2 - Fee: \$75**
December 2nd-January 20th
No class on Dec. 23rd or 30th
Deadline to Register: Nov. 25th
- Session 3 - Fee: \$75**
February 3rd-March 10th
Deadline to Register: Jan. 27th

\$15 LATE FEE AFTER REGISTRATION DEADLINES

6 classes of 30-minute lessons
All Sessions Include Skate Rental & Helmets

Masks required for all participants!

Skater Name: _____ Age: _____ Birth Date: _____ Gender: M F

Parent Name(s) (Please Print): _____

Address: _____ City: _____ State: _____ ZIP: _____

Primary Phone: _____ Email: _____

I acknowledge that I have complete understanding of the potential risk associated with this activity, including injury and death, and I voluntarily agree to assume all such risk. I hereby release, discharge, indemnify, and agree to hold Talbot County, its officers, agents, and employees, harmless from and against any and all liability, claims actions, suits, damages, losses, or injuries of any kind, nature, or description, including without limitation personal injuries and/or death, medical expenses, and economic damages arising or claimed as a result of any act or omission related to the program (s) offered by the Talbot County Department of Parks and Recreation or any affiliated program. Requests are accepted but not guaranteed. On occasion, staff members may photograph participants in programs or special events. These photos are for TCDPR use only and may be used in future brochures, flyers, website, or social media postings. By registering for this program, I agree to allow publication of any photos taken at any program, event, or facility and occasional promotional emails regarding upcoming programs.

Signature of Parent/Guardian _____ Date _____

For Office Use: Total Paid _____ Cash / Check / Charge Date _____ Staff Initials _____

Return Forms to: 10028 Ocean Gateway, Easton, MD 21601 • Phone-410-770-8050 • Fax-410-822-7107 • parks@talbgov.org

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Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend physical distancing and have, in many locations, prohibited the congregation of groups of people.

The Talbot County Department of Parks & Recreation has created new protocols and put in place preventative measures to reduce the spread of COVID-19; however, TCPR cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending any program may increase your child(ren)s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to, or infected by COVID-19 by attending any Talbot County Department of Parks and Recreation (TCDPR) Programs, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the TCDPR program may result from the actions, omissions, or negligence of myself and others, including, but not limited to, TCDPR employees, volunteers, and program participants and their families. I understand that any or all programs may be cancelled, without warning, if a suspected or positive case of COVID-19 is presented. I understand that if my child(ren) or myself voluntarily omits following TCDPR COVID-19 protocols, my child(ren) will not be allowed to participate and will be removed from the program.

I voluntarily agree to assume all foregoing risks and accept sole responsibility for any injury to my child(ren) or myself including, but not limited to, personal injury, disability, and death, illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)s attendance at the TCDPR program. On my behalf, and on behalf of my child(ren)s, I hereby release, covenant not to sue, discharge, and hold harmless TCPR, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of TCDPR, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any TCDPR program.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

Name of Participant(s)