

# Payment Requirements

50% of the grand total must accompany this application if submitted before May 1, 2008, with the balance due by May 15, 2008. If submitting application after May 15, 2008, payment **in full** must accompany this application. Please make checks payable to ORDA (Olympic Authority). We also accept Master Card, Visa, American Express or Discover. Please fill out information below exactly as it appears on credit card. Information will be used for this transaction ONLY.

Name On Card \_\_\_\_\_

Billing Address \_\_\_\_\_

Type of Card \_\_\_\_\_ Card Number \_\_\_\_\_

3-digit CV code \_\_\_\_\_ Expiration Date \_\_\_\_\_ Amount to be charged \_\_\_\_\_

Authorized Signature \_\_\_\_\_

To have balance due automatically charged on May 15, 2008, please check here

## Credit Card Permission (On File)

I, \_\_\_\_\_, give \_\_\_\_\_, my son/daughter permission to use my (circle one) Master Card, Visa, American Express or Discover card for the following: Ice Time, Testing & Professional Tickets.

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ CV code \_\_\_\_\_

Authorized Signature \_\_\_\_\_

**Permission Form is valid June 15, 2008 – September 1, 2008.**

**Credit Card Permission Form will be on file at the Olympic Center Box Office and can be used for Box Office Transactions ONLY.**

## Responsibilities of User & Waiver

**The following waiver must be completed before application is accepted!**

IN CONSIDERATION of permission granted to me by the Olympic Regional Development Authority to use the following facilities (collectively referred to as the "Sports Facilities") in Lake Placid.

### OLYMPIC CENTER (ON AND OFF-ICE PROGRAMS)

I expressly acknowledge:

I. USE OF THE SPORTS FACILITIES IS A HAZARDOUS ACTIVITY WHICH COULD RESULT IN PERSONAL INJURY OR DAMAGE. I acknowledge that the use of the Sports Facilities is dangerous and I knowingly assume all risks of personal injury or damage I may suffer by using the Sports Facilities. I further acknowledge that since I am using the Sports Facilities at my own risk, the Olympic Regional Development Authority bears no responsibility of any nature for any personal injury, damage or loss to my person or property arising out of or resulting from my visit to the Sports Facilities.

II. I am physically fit and possess the physical strength to meet my responsibilities as a user of the Sports Facilities and I do not suffer from any medical condition that will be affected by my use of the Sports Facilities. Further, I will not use the Sports Facilities while under the influence of alcohol and/or drugs.

III. I agree to observe, read and abide by any and all notices as may be posted from time to time by the Olympic Regional Development Authority which may pertain to my responsibilities as user of the Sports Facilities.

IV. I grant permission to the Olympic Regional Development Authority to utilize any photograph, videotape, motion picture, recording or other record of my use of the Sports Facilities for any business purpose.

V. I acknowledge that the use of the Sports Facilities is a hazardous activity and that I could suffer personal injury, which may be serious.

VI. I hereby expressly acknowledge my understanding and acceptance of the foregoing, and agree to assume all the risks of any personal injuries whatsoever that I may incur during my use of the Sports Facilities on the following date (or dates): 6/15/08 – 9/01/08.

I DO FURTHER WAIVE any claim for damages which I may or might have by reason of the injuries sustained by me in such use of the Sports Facilities, and do hereby release and forever discharge the Olympic Regional Development Authority, the Town of North Elba, the state of New York, the Skating Club of Lake Placid, the owners of all facilities and the land, any sponsors, officers, employees, professionals and instructors thereof, from any claim for damages against them or any of them which I may or might have by reason of injuries sustained in the use of the Sports Facilities, or for any other damages sustained in the use thereof.

Skater's Name \_\_\_\_\_

Skater's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

PRINT Name of Parent or Legal Guardian \_\_\_\_\_  
(If skater is under 18)

SIGNATURE of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phones: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_