

# TEACH HOCKEY

## Lesson Agreement

INSTRUCTOR \_\_\_\_\_

PROGRAM \_\_\_\_\_

USA Hockey # \_\_\_\_\_

LifePlex Health Club

teachhockey@gmail.com www.teachhockey.com

845-356-1900 fax 845-356-1850 At The Sportorama Complex

PLAYER NAME \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ PARENT NAME \_\_\_\_\_

ORGANIZATION \_\_\_\_\_ Shot - Left / Right Forward Defense Goalie

Circle: Mite Squirt Peewee Bantam Midget Junior AAA AA A B B- C Atom / Adult

ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_ ZIP \_\_\_\_\_

HOME \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

EMAIL 1) \_\_\_\_\_ 2) \_\_\_\_\_

In consideration of being allowed to participate in any way in the Teach Hockey (herein known as TH) program or related events and activities of LifePlex Health Club (herein known as LP), I \_\_\_\_\_, the undersigned, acknowledge, appreciate, and agree that: The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown of my participation in TH and LP, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and, I willingly agree to comply with the stated and customary terms and conditions for participation in TH or LP. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and, I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS TH and LP, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law. **I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Date Signed: \_\_\_\_\_ Age: \_\_\_\_\_ PARTICIPANT'S SIGNATURE \_\_\_\_\_

**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE** (under age 18 at time of registration) This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

Parent or Guardian \_\_\_\_\_ Date Signed \_\_\_\_\_

I consent to pictures being taken of me by the Club and TH and understand that such pictures will become the property of Club and TH. They may be used by the Club and TH for promotional purposes without the payment of fees or other compensations to me. **I understand and agree to all the terms of the program including but not limited to all sessions will expire 180 days from purchase with no refund or credit provided. I agree to abide by and adhere to the rules, policies and procedures of Club and TH including but not limited to fees, rink use, behavior, check in and expressly agree and understand failure to do so will result in my remaining lessons and or rink time being terminated without refund. I UNDERSTAND I CAN USE ONLY WHITE HOCKEY TAPE! I UNDERSTAND AND AGREE to the following: there are absolutely NO retroactive refunds of dues or retroactive time credits due to nonuse of lessons or services by the expiration date indicated above. I UNDERSTAND AND AGREE to the following cancelation policy: All lessons or services canceled with less than 24 hours notice are NOT refundable.** You will be charged for the session unless we are able to resell your specific time. I understand and agree: the terms of this agreement and all rules, policies and procedures of Club and TH automatically renew with each payment for services after the date indicated below with my signature unless a new agreement is completed with said payment. A copy of this agreement has been provided to me.

Credit Card # \_\_\_\_\_ Exp Date \_\_\_\_\_

Please circle one: AMEX MC VISA DISC Billing Zip code \_\_\_\_\_ card security code \_\_\_\_\_

I give LifePlex permission to charge the credit card above for the balance of my account(s).

I have also read, understand and agree to the policies and procedures and the cancellation policy.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

DAY \_\_\_\_\_

TIME \_\_\_\_\_

START DATE \_\_\_\_\_

NAME (LAST, FIRST \_\_\_\_\_)

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teachhockey@gmail.com www.teachhockey.com  
845-356-1900 fax 845-356-1850 At The Sportorama Complex

DAY \_\_\_\_\_  
TIME \_\_\_\_\_  
START DATE \_\_\_\_\_  
NAME (LAST, FIRST) \_\_\_\_\_

Thank you for selecting me to provide you with hockey instruction. We will jointly set goals and work together diligently to achieve positive results. With your commitment to succeed, I am confident you will benefit from our time together. Remember to arrive at each lesson with a positive attitude and a dedicated work ethic. I offer my services as an independent practitioner separate and distinct from LifePlex and Teach Hockey, hence, I invite you to share any comments or concerns regarding your instruction. As I am an independent instructor, LifePlex and Teach Hockey assumes no responsibility in connection with the services to be provided by me. I look forward to providing you with a challenging environment as we improve your hockey skills together.

### Waiver, Release and Indemnity Agreement

I understand that there are risks and dangers inherent in participating and/or receiving instruction in overall athleticism and sports performance training (hereinafter referred to as "activity"). I also understand that in order to be allowed to participate and/or receive instruction in this activity; I must give up my rights to hold **my instructor (MI), LifePlex Health Club LLC (Club), Teach Hockey (TH) liable for any injury or damage which I may suffer while participating and/or receiving instruction in this sport or activity.** I hereby voluntarily release MI, Club and TH from any and all liability resulting from or arising out of my participation and/or receipt of instruction in the activity. I understand and agree that I am releasing not only the entities set forth in the paragraph above, but also the officers, agents and employees of those entities. I understand and agree that this Agreement will have the effect of releasing, discharging, waiving, and forever relinquishing any and all actions or causes of action that I may have or have had, whether past, present or future, whether known or unknown, and whether anticipated or unanticipated by me, arising out of my participation and/or receipt of instruction in the activity. ***This Release constitutes a complete release, discharge and waiver of any and all actions or causes of action against MI, Club, and TH.*** I understand and agree that this Agreement applies to personal injury, property damage, or wrongful death which I may suffer, even if caused by the negligent acts or omissions of others, including MI, Club and TH and its officers, agents and employees. I understand and agree that by signing this Agreement, I am assuming full responsibility for any and all risk of death or personal injury or property damage suffered by me while participating and/or receiving instruction in this activity. I understand and agree that this Agreement will be binding on me, my spouse, my heirs, my personal representatives, my assigns, my children and any *guardian ad litem for said children.* I understand and agree that by signing this Agreement, I am agreeing to release, indemnify and hold MI, LifePlex and TH and their affiliates and their officers, agents and employees harmless from any and all liability or costs, including attorney fees, associated with or arising from my participation and/or receipt of instruction in the activity. I understand and agree that if I am signing this Agreement on behalf of my minor child, that I will be giving up the same rights for said minor as I would be giving up if I signed this document on my own behalf. I acknowledge that I have read this Agreement and that I understand the words and language in it. My questions about potential risks and dangers and the effect of this Release and Indemnity Agreement have been answered to my satisfaction. I understand and agree there are absolutely no retroactive refunds of fees or retroactive time credits due to nonuse of program or for failure to follow the procedures. I understand and agree to all the terms of the program including but not limited to all sessions will Expire 180 days from purchase with no refund or credit provided. I understand and agree: the terms of this agreement and all rules, policies and procedures of Club and TH automatically renew with each payment for services after the date indicated below with my signature unless a new agreement is completed with said payment. A copy of this agreement has been provided to me.

Print Name: \_\_\_\_\_ Dated: \_\_\_\_\_ Sign Name: \_\_\_\_\_

Signature Parent / Guardian Print Name \_\_\_\_\_

Signature Parent / Guardian Sign Name \_\_\_\_\_ Date \_\_\_\_\_

# White Hockey Tape Only!!

Hockey Skates Only...  
No Figure skates permitted...  
No Shoes, Heelies, Rollerblades, Skateboards,

- All participants and visitors must enter and check-in through LifePlex Health Clubs main entrance.
- All payments are due prior to the lesson or service is provided.
- Helmets must be worn at all times.
- Participants and staff only permitted on the rink.
- Parents, children or spectators are NEVER permitted on the rink.
- No Smoking, no food or beverages are allowed on the rink (synthetic ice surface)
- Allocation of all training areas will be at management's discretion.
- No form of instruction will be allowed in the facility except as authorized by the club or Teach Hockey.
- Children may NOT be left unattended in any area of the facility for any reason.
- Unauthorized use of any facilities in LifePlex Health Club will result in termination of lesson agreement with no reimbursement of fees .
- Club and Teach Hockey has the right to suspend and/or terminate lesson agreement without refund for inappropriate behavior incidental to the operation of the club or TH. Club and Teach Hockey shall determine what behavior is inappropriate.
- Damage to club or Teach Hockey property shall be paid for by any participants or party who accompanies participants, who willingly or neglectfully causes such damage.
- Participants must vacate the rink surface at the conclusion of their lesson period.
- The use of the facility is strictly at the participants own risk.
- Only participants may use the changing rooms immediately before and after their scheduled lesson time.
- Rink time and or lessons may NOT be resold by any other party other than Teach Hockey .
- Club and Teach Hockey reserves the right to remove any articles left in the facility after I leave and Club and Teach Hockey shall not be liable for my personal property or the contents of any item I bring into the facility.
- Discounted skate sharpening available at SOR Pro Shop on the day of lesson.

**Steve Rauch General Manager [teachhockey@gmail.com](mailto:teachhockey@gmail.com)**

**Gary Hess Director Hockey Operations [icehockeylesson@gmail.com](mailto:icehockeylesson@gmail.com)**

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