

MITES WORKSHOP

April 7-9th

6:00pm-7:00pm

Cost: \$30

Participants name _____

Address _____

City _____ State _____ Zip _____

Home phone _____ Work phone _____

Date of Birth _____ Age _____ M or F _____

Credit card # _____ exp. Date _____

Credit Card Name (Please Print) _____

Parental/Guardian Consent

In consideration of the participant being permitted to register and participate in programs at the Igloo at Mt. Laurel, we do hereby forever release and discharge the Igloo at Mt. Laurel Ice facility, it's directors, agents, employees and any person, corporation or partnership connected herewith from all manner of action, injury, costs, claims or demands which we will, shall or may hereafter have, suffer or receive by reason of such participation in this program. This release shall be binding on our heirs, assigns, executors and administrators. It is further agreed that the Igloo at Mt. Laurel shall not be considered to guarantee or warrant such equipment as may be used in conducting of said program. **In the event of withdrawal by participant from the program, all monies are non-refundable, without exception.** The Igloo at Mt. Laurel reserves the right to photograph participants during the session for reason of advertisement for the program.

Signature of Legal Guardian _____ Date _____

I give permission for my child's name and photo to be used for promotional purposes. (Please initial if accepted) _____