



# NIXON ICE SKATING PARTY



Wednesday, February 8<sup>th</sup>, 2017 - 5:30 pm to 7:30 pm  
The Winter Lodge (3009 Middlefield Road Palo Alto, CA 94306)

Pack your scarves, hats, and helmets and join us for an evening of Iceskating fun our Nixon Private Iceskating Event. Tickets are available online for purchase at our Nixon Shop. Cost is \$20 per skater (rental skates included). Spectators are free. Scholarships are available. Pizza, drinks, and baked goods will be available for purchase and hosted by the 5<sup>th</sup> grade class.

**To comply with PTA insurance rules, waiver forms are required for the party; a parent or guardian must fill out the form for each minor (siblings can be on one form).**

Print and complete Waiver form. Bring to event on 2/8/17 (completed forms are required to enter Winter Lodge)

**1. Waiver Forms** – For children skaters, use Parent Approval Waiver; for adult skaters, use Participant’s Waiver Form below

**2. Payment** -ONLINE this year: [nixonelementary.myschoolcentral.com](http://nixonelementary.myschoolcentral.com) (look for the iceskating image)

Tickets may also be purchased on event day at the door for \$25.

Additional forms are available at the office. Questions? Contact Linzi Lee at [linziales@yahoo.com](mailto:linziales@yahoo.com); Amy Ogawa at [amy.ogawa@yahoo.com](mailto:amy.ogawa@yahoo.com); or Melisse Lusin at [melisselusin@gmail.com](mailto:melisselusin@gmail.com)

## For adult skaters

## Participant's Waiver Form

California State PTA

930 Georgia Street, Los Angeles, CA 90015-1322

### Participant’s Waiver

In the consideration of my participation in the Nixon PTA, Palo Alto, CA Ice Skating Party on February 8, 2017, I, the undersigned participant, intending to be legally bound, do hereby for myself and heirs, executors, administrators and assigns, forever waive, release and discharge any all rights, claims and actions for damages that I may have, or that may hereafter accrue to me against the California State PTA, including all units, councils and districts and all of their officers, directors, members and volunteers.

I attest and verify that I am physically fit and able to participate in this event and acknowledge that I am aware of the inherent risks in participating in an event of this type.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

→ Please fill out and sign **Parent Approval and Student Waiver** for CHILDREN skaters.

## For children skaters

## Parent Approval and Student Waiver Form

The minor(s) listed below has/(have) my permission to participate in the Nixon Ice Skating Party on February 8, 2017, at the Winter Lodge in Palo Alto, from 5:30 – 7:30 p.m.

I, as parent or guardian of the minor(s), do hereby, for my child(ren), myself, my heirs, executors and administrators, remise, release, and forever discharge Nixon PTA, Palo Alto Council of PTA’s, 6<sup>th</sup> District, and the California Congress of Parents, Teachers, and Students, Inc. (California State PTA), and all PTA officers, employees and agents of the foregoing, acting officially or otherwise, from any and all claims, demands, actions or causes of action on account of referred.

I hereby certify my relation to the minors listed, and their dates of birth, and I do hereby certify that to the best of my knowledge and belief said minor(s) is/(are) in good health.

In case of illness or accident permission is granted for emergency treatment to be administered. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs. I hereby advise whether the minor(s) listed below has/(have) had any allergies, medicine reactions or unusual physical conditions which should be made known to a treating physician.

<b>Name of Minor (First/Last)</b>	<b>Relation</b>	<b>Date of Birth</b>	<b>Grade</b>	<b>Note for emergency treatment*</b>
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\*Write down any allergies to medication or physical conditions that should be known to a treating physician.  
If none, write "None"

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Name of Parent or Guardian (please print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Emergency Phone Number

→ Please return this form to event coordinator at the Winter Lodge on 2/8/17.