



SKATES WITH THE PLYMOUTH WHALERS

**Phone in registration with a credit card or mail
form and entry fee to:**

Plymouth Whalers
Attn: Natalie Shaver
14900 Beck Road
Plymouth, MI 48170

Phone: 734-453-8400
Fax: 734-453-4201

Participant Name _____

Age _____

Address _____

City, State, Zip _____

Home Phone _____

Alternate Phone _____

Email _____

Parent/Guardian Printed Name _____

Date(s) of Clinic: _____

Gale Force Sports and Entertainment Waiver & Release Of All Claims

Please read this information carefully and be aware that in signing up and participating in any program, as indicated on this form, you will be waiving and releasing all claims for injuries you or your child might sustain arising out of that program.

“As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury. I agree to assume the full risk of any injuries, including death, damages or loss which I may sustain as a result of participating in any and all activities connected with or associated with such program. I agree to release and forever discharge Compuware Arena, LLC, Compuware Sports Corporation, the Plymouth Whalers, Gale Force Sports and Entertainment, LLC, and Gale Force Holdings, LP, their respective parent and affiliated companies and their respective successors and/or assigns (collectively called “Compuware”), of and from all actions, causes of action, suits, debts, dues, sums of money, accounts, covenants, contracts, agreements, promises, damages, judgments, claims and demands whatsoever, in law or in equity, which I ever had and/or may now have and/or may in the future against Compuware and any and all alleged injuries incurred by the Participant, and/or the Participant’s heir while the Participant is ice skating at the Arena.”

Signature of Parent/Guardian _____

Date _____

For office use only

Payment Type: CASH CHECK VISA MC AMX DSC

CREDIT CARD # _____ EXP _____