



ivivva



ivivva Halifax & Skate Canada Nova Scotia present

#skatebeyondtheboards 2015

A Creative Movement and Expression Seminar

Looking for that push to take your skating to the next level? Join skaters from across the province in a dynamic figure skating clinic designed to broaden and improve the skaters expression and creativity. Participate in an on-ice expression clinic lead by coach, choreographer and actress Kathryn MacLellan. The girls will then participate in a group yoga class lead by ivivva's very own Simone and Sam. To end the day, the girls will learn the in's and out's of sport nutrition with Sports Dietitian, Angela Dufour. Parents are welcome and encouraged to stay for the nutrition portion of the seminar.

This seminar is open to female skaters 8 to 14 years old. There is a \$30.00 non-refundable fee per skater to be paid to Skate Canada, Nova Scotia. Proof of skater's age must be provided with the registration forms. If you are registering a skater with any special needs or allergies, please specify on your form below.

Spaces are limited. Each club in NS will have 2 spots secured for their skaters to attend this clinic. The remaining spots will be given on a first come, first server basis. Unclaimed club spots will be made available to any skater after October 2.

Friday, October 23rd 2015

9:00am- 1:00pm

(Nutrition Seminar 12:00-1:00pm - parents welcome)

Location: LeBrun Recreation Centre

36 Holland Ave.

Bedford (Halifax), NS B4A 1L9

#skatebeyondtheboards 2015 Registration Form

Skater's First and Last Name:			
Date of Birth:			
Address:			
City:		Postal Code:	
Guardian Name:	Guardian Email:	Telephone of guardian:	
Emergency Contact Name (other than guardian stated above):		Telephone:	
Name of Coach:		Telephone:	
Coach's Email:			
Will Coach be attending?	(Coaches are strongly encouraged to attend at no cost) Y N		
Skater's Skate Canada #:			
Name of Home Club:			
FreeSkate Program Test Passed:	FreeSkate Elements Test Passed:	Dance Test Passed:	Skills Test Passed:
Which category will you be competing in this season?			
Coach's Signature to confirm the validity of tests	<hr/> I confirm that the tests listed above are accurate (correct)		
Additional Information (Special Needs/ Allergies)			
Please send: <ul style="list-style-type: none"> • Completed registration form • Completed Skate Canada waiver • Completed ivivva waiver • Copy of the skater's birth certificate or proof of date of birth • \$30.00 fee made payable to Skate Canada Nova Scotia 		To: <p>Skate Canada Nova Scotia, 5516 Spring Garden Road, 4th floor, Halifax, NS B3J 1G6</p> <p>Club Spots need to be filled by Oct 2, 2015</p> <p>Final Due Date: Friday October 9th, 2015.</p> <p>Please make cheques payable to Skate Canada Nova Scotia.</p>	

Skate Canada Nova Scotia Waiver & Consent Form



Event: #skatebeyondtheboards

Date: Friday, October 23rd, 2015

City: Bedford (Halifax)

Waiver & Consent of Parent

The parent/guardian of the named Skater consents to allowing the Skater to participate in the Seminar. The parent/guardian acknowledges that the Skater skates at her own risk. Further, the parent or guardian agrees to indemnify and save harmless organizers of the Seminar, Skate Canada Nova Scotia, from any and all claims arising out of any loss or damage whatsoever incurred during the Seminar, including, but not limited to, loss or damage which may be sustained by reason of injury to the Skater or other skaters, arising on or off the ice.

It is fully understood that organizers of the Seminar, Skate Canada Nova Scotia, shall not be liable for any injuries, damages or losses whatsoever caused to or by the Skater.

date

signature of parent

name of skater

name of parent (printed)



Event Release and Waiver #skatebeyondtheboards 2015 Please fill out and complete all information requested

Date Signed: _____

Name of Skater: _____

Date of Birth: _____ (DD/MM/YYYY)

E-mail of guardian

1. In consideration of joining in the above-described event(s) (the “Activity”), I agree and acknowledge that I am fully aware that participation in the Activity may involve risks and I accept all the risks of participating, even if the risks are created by the carelessness, negligence or gross negligence of a Released Party (as defined below) or anyone else.
2. “Claims” includes but is not limited to any and all liabilities, claims, demands, legal actions, rights of actions for damages, property damages, economic losses, personal injury or death in connection with participation in the Activity. “Released Party” means ivivva atletica Canada inc., ivivva usa inc., and all of their affiliates, franchisees and their respective representatives, directors, officers, agents, employees and volunteer staff.
3. I agree and acknowledge that: (a) I am in proper physical condition to participate in the Activity, and am aware that participation could, in some circumstances, result in physical injury, serious physical injury or death; (b) I understand my physical limitations and am sufficiently self-aware to stop physical activity before I become ill or injured; and (c) I am aware that if the Activity occurs outdoors, the streets adjoining the area of the Activity are open to regular vehicular traffic during the Activity and I will obey all traffic laws and regulations.
4. I hereby, for myself and for my heirs, next of kin, executors, administrators and assigns, fully release, waive and forever discharge any and all rights or Claims I may have, now or in the future, against any Released Party, even if the Claims are based on the carelessness, negligence or gross negligence of a Released Party or anyone else. Without limiting the foregoing, I further release any rights or remedies which I may now or hereafter have resulting from any decision of any Released Party.
5. I agree not to sue any Released Party for Claims, even if the Claims arise from the carelessness, negligence or gross negligence of any Released Party or anyone else. I agree to indemnify (reimburse for any loss) and hold harmless each Released Party from any loss or liability (including any reasonable legal fees they may incur) defending any Claim made by me or anyone making a Claim on my behalf, even if the Claim is alleged to or did result from the carelessness or negligence of any Released Party or anyone else.
6. I am aware that it is advisable to consult a physician prior to participating in the Activity. If I have consulted a physician, I have taken the physician’s advice.
7. I am aware that there is no obligation for any person to provide me with medical care during the Activity. I understand and acknowledge that: (a) there may be no aid stations available for the Activity; and (b) If medical care is rendered to me, I consent to that care if I am unable to give my consent for any reason at the time the care is rendered.
8. I grant my permission to the Released Party and any transferee or licensee or any of them, to utilize any photographs, motion pictures, videotapes, recordings and other references or records of the Activity which may depict, record or refer to me for any purpose, including using my name, voice, likeness, statements, performance or biographical information in connection with the same (collectively the “Images”), including commercial use by the released parties, their sponsors and their licensees. This permission is for use anywhere in the world and on the Internet and for an unlimited period of time. I understand and agree that I will not be compensated or receive additional consideration for consenting to the use of the Images and that I will not be given a chance to receive, inspect or approve the promotional or marketing material, messages and/or content that may use the Images. I hereby release the Released Party including, without

limitation, all persons who took or otherwise created, recorded or modified the Images, from any and all claims, actions, damages, interest, costs, expense and compensation of whatsoever kind and howsoever arising, whether known or unknown, and which I now have or at any time hereafter can, shall or may have in connection with, or in any way resulting or arising from, the Images and the creation, use or disposition of them.

9. I acknowledge and agree that the Released Party shall own all right, title and interest, throughout the world, in and to the Images and any materials comprising all or any part of the Images, and that the Released Party has the unrestricted right to use, license, sell, transfer or otherwise dispose of any or all of them, as well as the Released Party's rights under this Release and Waiver, in any manner whatsoever and without any accountability to me. I hereby assign to the Released Party all right, title and interest, throughout the world, I may have in and to the Images and any materials comprising all or any part of the Images, including all intellectual property rights thereto. I hereby irrevocably waive any and all of my moral rights and any other irrevocable rights I may have, throughout the world, in or to the Images and any materials comprising all or part of the Images.
10. I understand that some of the information provided by me, including, but not limited to, my name, address, and date of birth (the "Information") will be collected and used by the Released Party, and I consent to the transmission of the Information to the Released Party, its agents and/or service providers and authorize the Released Party, its agents and/or service providers to record, process and store such Information as necessary for purposes of providing and administering the Activity and in accordance with the Released Party's Privacy Policy, located at <http://www.lululemon.com/privacy?mniid=fttr;privacy>
11. If any provision of this agreement shall be unlawful, void or for any reason unenforceable, then that provision shall be deemed severable from this agreement and shall not affect the validity and enforceability of any remaining provisions.
12. If the participant is less than 19 years of age, the parent or guardian agrees to the following statements: As a parent or guardian of the participant child, I authorize the child to participate. I agree that in the event the participant child, or anyone acting on his or her behalf, should make any claim, I will provide the indemnity and hold harmless described in paragraph 5 and I agree to the terms of this Release and Waiver. In the event of a medical emergency involving the participant child and any Released Party is unable to contact me, I agree and grant my permission that any Released Party may provide medical care to the participant child.
13. I have fully read and understand this agreement. I am aware that by signing this agreement, I am waiving certain legal rights I or my heirs, next of kin, executors, administrators and assigns may have against the Released Party.
14. This Event Release and waiver will be construed in accordance with the laws of the Province of British Columbia. Each party irrevocably submits to the exclusive jurisdiction of the provincial and federal courts located in Vancouver, British Columbia with respect to resolution of disputes arising under this Agreement.

BY SIGNING BELOW, Participant accepts and agrees to the terms and provisions contained in this agreement.

Participant Name Signature

Date

Address

City

Province/State

Postal Code/Zip Code

Phone: (____) _____ - _____

IF PARTICIPANT IS UNDER 19: I certify that I am the parent or legal guardian of the child named above. I confirm that I have read and understand the above consent and release and that I agree (on behalf of my child) to be bound by each of the above conditions.

date

signature of parent

name of skater

name of parent (printed)