

ICE SKATING PARTY



Parties Include:

- ❄ Private Room for 2 hours with tables & chairs
- ❄ Admission to a Public Skating Session, Skate Rental & Helmets
- ❄ Parties available during Public Skate on Saturdays & Sundays

Basic Party - \$250
1-10 Skaters
 (\$10 Per Each Additional Skater)

Deluxe Party - \$350
11-20 Skaters
 (\$10 Per Each Additional Skater)

- Outside food & drink are welcome. Plates, napkins, plasticware, serving utensils, etc. are not provided.
 - Set-up 30 minutes prior to party time; Clean-up must be included in your (2) hour rental time
- Socks are required for all skating activities; Sock are not provided and are not available for purchase
 - Only blue painters tape can be used to hang decorations

Contact Name: _____

☐ Basic Party
(1-10 Skaters)

☐ Deluxe Party
(11-20 Skaters)

Child's Name: _____

DOB: _____

Party Date Request: _____ Saturdays: 7:30-9:30PM Sundays: 2:30-4:30PM

Address: _____ City: _____ State: _____ ZIP: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

I acknowledge that I have complete understanding of the potential risk associated with this activity, including injury and death, and I voluntarily agree to assume all such risk. I hereby release, discharge, indemnify, and agree to hold Talbot County, its officers, agents, and employees, harmless from and against any and all liability, claims actions, suits, damages, losses, or injuries of any kind, nature, or description, including without limitation personal injuries and/or death, medical expenses, and economic damages arising or claimed as a result of any act or omission related to the program (s) offered by the Talbot County Department of Parks and Recreation or any affiliated program. Requests are accepted but not guaranteed. On occasion, staff members may photograph participants in programs or special events. These photos are for TCDPR use only and may be used in future brochures, flyers, website, or social media postings. By registering for this program, I agree to allow publication of any photos taken at any program, event, or facility and occasional promotional emails regarding upcoming programs.

Signature of Parent/Guardian _____ Date _____

For Office Use: Date Received _____ Total Paid _____ Cash / Check / Charge Date _____ Staff Initials _____

Return Forms to: 10028 Ocean Gateway, Easton, MD 21601 • Phone-410-770-8050 • Fax-410-822-7107 • parks@talbgov.org