



2025 Spring Fall Rugger Skill Skates

(Please print neatly and provide all information)

Skater

Name: _____ Age _____

Address _____

City _____ State _____

H Phone _____ Cell (____) _____ - _____

E-Mail _____

A. Liability release: We hereby release the Rugger Organizers, their officers, employees, sponsors, and agents from any and all liabilities, cost, claims, damages, injuries, and demands related to or incurred while training with Andy Dombrovski Rugger Spring/Fall Skill Skates . We acknowledge that we are training voluntarily in the Andy Dombrovski Spring/Fall Ruggers Skill Skates and agree to assume responsibility for all risk involved. We further agree not to sue or hold responsible the Andy Dombrovski Spring/Fall Rugger Skill Skate organizers for any damages, liabilities, injuries, or, deaths incurred due to acts of nature or negligence on the part of ourselves, other participants, or the general public. All participants agree to follow the COVID-19 sanitation plan of the skills skate program and that of the CDC, MDH and St. Croix Valley Rec Center. We agree that Andy Dombrovski Skill Skates and St. Croix Rec Center assumes no liability for any illness, and has done everything in their power to prevent the spread of COVID-19 during the sessions.

B. Insurance: We are required and agree to carry a health/liability insurance during training with Rugger's Spring Fall Skill Skates.

Parent/Guardian

Signature _____ Date: _____

(required for contestants under 18 years of age)