

Indoor Public Skate

April & May 2021

Closed: Sunday April 4th &
Monday May 31st

Day	Hours
Mon-Fri	10:30-11:30 AM
Saturday	2:45-3:45 PM
Sunday	12:55-1:55 PM



Masks must be worn while in the building and on the ice.

Pre-Registration is required. Email registration to Iceland@niles-parks.org.

NO Walk-Ins



Skate Rental \$4.25 per pair

No speed skates or double runners permitted on public skate sessions.

Private lessons allowed by IceLand staff only.

All Times are Subject to Change

IceLand Ice Arena

8435 W. Ballard

Niles, IL 60714

Phone: (847) 297-8010

Fax: (847) 298-5768

Iceland@niles-parks.org

The fee for public skate is \$6.25 per person

Season Passes

	Res	Non-Res
Individual	\$125	\$150
Family of 2	\$175	\$220
Family of 3	\$225	\$270
Family of 4	\$275	\$330
Each additional	\$50	\$63

Season pass ID card photos must be taken at Howard Leisure Center
6676 Howard Street, Niles.

Passes are valid December 2020 – November 2021.

Summer hours start in June
Fees are not pro rated .



IceLand Ice Arena8435 W. Ballard Road
Niles, IL 60714

April/May Public Skate Registration

Primary Household Contact: _____

Address: _____

City: _____ State: _____ Zip: _____ email: _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Program Code	Date& Time	Day	Fee	Registrant's First & Last Name	Age	Birth Date
233220			\$6.25			
			\$6.25			
			\$6.25			
			\$6.25			

Register for public skate:
By fax or email
No walk-ins or cash
payments
Phone: (847) 297-8010
Fax: (847) 298-5768
iceland@niles-parks.org

Payment Method:
Visa
Master Card
Discover Card

Credit Card Information	
Name: _____	Exp. Date: ____/____
Signature: _____	Amt.: \$ _____
Card Number: _____	

ICE-SKATING PROGRAM WAIVER & RELEASE

The Niles Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Niles park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for this program must recognize that there is an inherent risk of injury when choosing to participate in recreational activities. You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled for ice-skating activities. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

WARNING OF RISK

Ice-skating is intended to challenge and engage the physical, mental and emotional resources of the participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury, including but not limited to head injury, neck or back injury, wrist and ankle fractures, and other orthopedic injuries to limbs and joints. All hazards and dangers cannot be foreseen. The very nature of ice-skating is risky, including but not limited to slip and falls, colliding with other players of varying degrees of skill (including being struck from behind), tripping on irregular ice surfaces, cuts from skate blades, inadequate or defective equipment, ill-fitting skates, failure in supervision or instruction, horseplay, carelessness, poor technique, poor conditioning, rule violations, striking a stationary object, premises defects outside the rink, and all other risks inherent to the sport of ice-skating. In this regard, it must be recognized that it is impossible for the Niles Park District

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in the above identified programs/activities, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with said programs/activities (including transportation services/vehicle operation, when provided). I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in all these programs/activities against the Niles Park District, including its officials, agents, volunteers and employees (here-in after collectively referred as "District"). I do hereby fully release and forever discharge the District from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with these programs/activities. If registering on-line or via fax, your on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature. Additionally, by signing this form, I am certifying that I qualify for the rate charged (i.e. If resident rate was charged, I am/my children are residents of the Niles Park District). If this is proven untrue, I realize that my park district privileges may be suspended or revoked. Photos are periodically taken of participants in a class, during a special event or at the District's parks. Please be aware that these photos are for Park District use only and may be used in the District's publications.

I have read and fully understand the above important, warning of risk, assumption of risk and waiver and release of all claims.
PARTICIPATION WILL BE DENIED if the signature of adult participation or parent/guardian and date are not on this waiver.
There will be NO MAKE-UPS for missed sessions, NO REFUNDS issued after registered and No transfer of days or times.

Signature: _____ Date: _____ Staff Initials: _____

IceLand Ice Arena
8435 W. Ballard Road
Niles, IL 60714

IceLand Public Skate Rental Spring

Primary Household Contact: _____

Address: _____

City: _____ State: _____ Zip: _____ email: _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Program Code	Date& Time	Size	Fee	Registrant's First & Last Name	Age	Birth Date
233400			\$4.25			
			\$4.25			
			\$4.25			
			\$4.25			
			\$	Total Fees		

Register:

By fax or email
No walk-ins or cash
payments

Phone: (847) 297-8010

Fax: (847) 298-5768

IceLand@niles-parks.org

Payment Method:

Visa
Master Card
Discover Card

Credit Card Information

Name: _____ Exp. Date: ____/____

Signature: _____ Amt: \$ _____

Card Number: _____ - _____ - _____

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I have read and fully understand the above important, warning or risk, assumption of risk and waiver and release of all claims.
PARTICIPATION WILL BE DENIED if the signature of adult participation or parent/guardian and date are not on this waiver.

There will be NO MAKE-UPS for missed sessions, NO REFUNDS issued after registered and No transfer of days or times.

Signature: _____

Date: _____

Staff Initials: _____



COVID 19 GUIDELINES AND WAIVER AND RELEASE OF ALL CLAIMS

Please read this form carefully and be aware that in signing up and participating in this program you will be waiving and releasing all claims for injuries, illnesses and damages including COVID related symptoms while participating in this program.

Guidelines

The following guidelines shall apply to all Niles Park District activities while the State of Illinois remains in Tier 1 of Governor Pritzker's Restore Illinois program. The guidelines may be amended or updated from time to time by email notification based upon directives from State or local government or public health officials, guidance from other organizations or other events. New guidelines will be provided, and will be binding on all participants, upon the entry into Phase 4 of the Restore Illinois program. All participants must agree to comply with these or any other guidelines issued by the Niles Park District.

- Any participant who is experiencing any COVID-19 symptoms, including but not limited to fever, aches or respiratory issues, are prohibited from participating in any Niles Park District activities.
- Any participant who has been exposed to anyone having the COVID-19 virus or displaying symptoms of the COVID-19 virus, may not participate in any Niles Park District activities until they have been quarantined for at least fourteen (14) days without exhibiting any COVID-19 symptoms.
- Any participant who learns they have contracted the COVID-19 virus after participating in any Niles Park District activity and who may have exposed other participants must notify the Niles Park District immediately.
- All Niles Park District activities will be limited to groups of 25 or fewer participants.
- Skaters may not share equipment. All players must bring their own equipment.
- Masks and other face coverings must be worn at all times.
- Practice activities shall be conducted in a manner reasonably designed to maintain social distancing where possible.

- All participants should bring hand sanitizer to each activity. Sanitizer should be applied at the beginning, the end, and periodically during activities.
 - Participants should refrain from touching their faces during activities.
 - Participants must clean up after themselves at the end of the activity.
 - Participants may not consume snacks during the activity.
 - No locker rooms, or water fill stations are available
 - Seating is available outdoor to tie skates.
 - No spectators allowed in indoor or outdoor rink area, only paid skaters.
 - NO refunds, make-ups or day/time transfers for missed sessions.
 - If session is cancelled by Iceland due to weather, full refund will be issued.
 - No food or drink allowed in building except water. Water must be in a bottle with skaters name on bottle.
 - Skaters who violate any of the guidelines will be asked to leave without a refund.
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Waiver

- I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity that my minor child/ward or I may sustain as of result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating in all these programs/activities against the Niles Park District, including its officials, agents, volunteers and employees (here-in after collectively referred as the "District").
- I have read the COVID guidelines above and agree to comply with guidelines as they may be amended from time to time.
- I acknowledge the risk to have contact with individuals, who may have been exposed to and/or have been diagnosed with COVID-19 and it is impossible to eliminate the risk that the participant could be exposed to and/or become infected through contact or close proximity with an individual with COVID-19.
- I do hereby fully release and forever discharge the District from any and all claims for injuries, damages, sickness, illness or loss that my minor child/ward or I may have which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with any programs or activities.
- If registering on-line or via fax your on-line facsimile signature shall substitute for and have the same legal effect as an original form signature.
- Additionally by signing this form, I am certifying that I qualify for the rate charged (i.e. If resident rate was charged, I am/my children are residents of the Niles Park District). If this is proven untrue, I realize that my park district privileges may be suspended or revoked.
- Photos are periodically taken of participants in a class, during a special event or at the District's parks. Please be aware that these photos are for Park District use only and may be used in the District's publications.
- I have read and fully understand the above warning of risk and assumption of risk and waiver and release of all claims. I understand that once registered, there are no refunds for missed sessions or transfer of days.

PLEASE PRINT Participant's Name _____

Participant's Signature _____

(18 years or older or Parent/Guardian)