

HDC Off-Ice Flex-Pass:

The HDC Off-Ice Flex-Pass allows players to develop all the necessary hockey skills in our state-of-the-art training center. Players will improve their skills and gain confidence with their skating quickness, stick handling, shooting, and hockey vision. These sessions are extremely beneficial for players to keep their skills sharp and keep them challenged as the next hockey season approaches. Our dedicated training staff will work with each player to build skills, confidence, and passion for the game.

Players may use their HDC Performance Tracking cards during these sessions to automatically have their training data updated each time they attend. The HDC Performance Tracking cards are available for purchase at the front desk.

About Total Hockey™ :

Total Hockey Training Systems offers the most advanced, off-ice, skill development and performance improvement programs and products available for hockey training.

About Our Rink:

Our 130' by 64' ice arena offers a smaller-than-standard rink design to intentionally speed up the game, improve response times and challenge each player to their full skill potential.

BUILDING HEART, DRIVE & CONFIDENCESM

20775 Holt Avenue - Lakeville, MN 55044



BUILDING HEART, DRIVE & CONFIDENCESM

FLEX PASS

Off-Ice Flex Pass

Features:

- Quick Hands, Quick Feet
- Vision Improvement
- Puck Control
- First-Step Skating Quickness
- Build Confidence

Current Flex-Pass Schedule:
Effective September 6, 2008

Monday:	5:00PM to 6:30PM
Wednesday:	7:45PM to 9:15PM
Saturday:	9:00AM to 10:30AM

Flex Pass cards are available for purchase at the HDC front desk.



www.hdc-totalhockey.com

**MAIL OR FAX COMPLETED FORM AND
SEND PAYMENT BY CHECK TO:**

Hockey Development Center
P.O. Box 1042
Lakeville, MN 55044
Email: register@hdc-totalhockey.com
Fax: 952-469-1521

You can also register and pay on-line at:
WWW.HDC-TOTALHOCKEY.COM

2008 HDC OFF-ICE FLEX-PASS REGISTRATION FORM

NAME: _____ **BIRTH YEAR:** _____
ADDRESS: _____ **CITY, STATE, ZIP:** _____
PARENT/GUARDIAN NAME: _____ **08/09 TEAM/PLAYING LEVEL:** _____
PHONE NUMBER: _____ **EMAIL:** _____
EMERGENCY CONTACT & PHONE: _____
INSURANCE (provider, policy, phone): _____

SELECT TYPE:

- _____ **Single Session: \$25**
_____ **5-Session Pass: \$125**
_____ **10-Session Pass: \$200 (\$50 savings!)**
_____ **Unlimited Annual Pass: \$750**

*****Players must call
(952)-469-2218 at least 48
hours before training
session start time to
reserve a position*****

WAIVER AND RELEASE OF LIABILITY

In consideration of The Hockey Development Center, L.L.C. (the "Company") furnishing services and/or equipment to enable me to participate in programs and activities of the Company, I agree as follows:

I fully understand and acknowledge that (a) risks and dangers exist in my use of hockey equipment and my participation of hockey activities; (b) my participation in such activities and/or use of such equipment may result in my injury or illness, including but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, eye injury, blindness, heat stroke, heart attack, death or other ailments that could cause serious disability; (c) these risks and dangers may be caused by the negligence of the owners, employees, officers or agents of the Company, the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature or other causes. These risks and dangers may arise from foreseeable or unforeseeable causes; and (d) by my participation in these activities and/or use of the equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages whether caused in whole or in part by the negligence or other conduct of the owners, agents, officers, employees of the Company or by any other person.

I willingly agree to comply with the stated and customary terms and conditions for participation in programs and activities of the Company. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest Company official immediately.

I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify the Company and its owners, agents, officers and employees from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise, which may arise out of my use of hockey equipment or my participation of hockey activities. I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the owners, agents, officers or employees of the Company.

In further consideration of allowing me to participate in the aforementioned activities, I hereby agree to submit to binding arbitration any and all claims which I believe I may have against the Company. The arbitration shall be pursuant to the rules of the American Arbitration Association. The arbitrators shall apply the Federal Rules of Evidence to all proceedings. Arbitration shall be commenced within one year from the date on which any alleged claim first arose. Further, the arbitration shall be held in the state where the Company is located, unless otherwise mutually agreed to by all parties. The submission to the American Arbitration Association shall be unlimited and the arbitration award may be enforced by any court of competent jurisdiction.

I HAVE READ THE ABOVE WAIVER AND RELEASE, AND BY SIGNING IT AGREE IT IS MY INTENTION TO EXEMPT AND RELEASE THE HOCKEY DEVELOPMENT CENTER, L.L.C. FROM ANY LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

Participant Name: _____ **Age:** _____ **Date:** _____

If 18 or over, signature of player: _____

Printed name and signature of Parent/Guardian if Participant is less than 18 years of age: _____