

Winchester Figure Skating Club
Walk-on Skater Form - 2019/20

Skater's Name: _____
USFSA #: _____
Email: _____

Emergency Contact Name: _____
Emergency Contact Phone: _____
Allergies: _____

Please list any medical conditions or medications of the member that
emergency personnel should be notified of: _____

CONSENT FOR MEDICAL ATTENTION OR TREATMENT

I certify that I, the skater, or I, the parent/guardian of said participant, give my consent to the Winchester Figure Skating Club and the facility the activities are taking place in and their staff and to members of the Winchester Figure Skating Club, their Board of Directors and volunteers to obtain medical care from any licensed physician, hospital or clinic, including transportation and emergency medical services, for myself/ourselves and/or said participant for any injury that could arise from participation in these activities.

This Consent for Medical Attention shall be binding and effective for the 2019-20 skating year of the Winchester Figure Skating Club.

Signature: _____
(Skater, if 18 years or over. Parent, if under 18 years old.)

PARENTAL CONSENT AND INDEMNIFICATION AGREEMENT:

I, the skater, or I, the parent/guardian of the minor skater, understand the nature of the skating activities and my or the minor's experience and capabilities and believe that I or the minor to be qualified to participate in such "activity". I hereby release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses, or damages on my or the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claims against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasees may incur as the result of any such claim.

Signature: _____
(Skater, if 18 years or over. Parent, if under 18 years old.)