

**Lake Region Figure Skating Club
Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement "Agreement")**

In consideration of participating in Lake Region Figure Skating Club activities, I represent that I understand the nature of figure skating activities ("activity") and that I, and my minor children, are qualified, in good health and in proper physical condition to participate in such "activity". I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the "activity".

I, the minor's parent and/or legal guardian fully understand that this "activity" involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the "activity", the conditions in which the "activity" takes place, or the negligence of the "releases, named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs and damages that incur as a result of participation in the "activity".

I hereby release, discharge and covenant not to sue the Lake Region Figure Skating Club, United States Figure Skating, it's directors, officers, administrators, sponsors, volunteers, agents, employees, staff, instructors, trainers, other participants and if applicable, owners and lessors of premises on which the "activity" takes place (each considered one of the "Releasees" herein) from all liability, claims, demands, losses or damages on my or the minor's account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations; and I further agree that if, despite this release, waiver of liability, and assumption of risk, I, or anyone on my behalf, makes a claim against any of the releasees, I will indemnify, save and hold harmless each of the releases from any loss, liability, damage or cost which may incur as the result of such claim.

The Lake Region Figure Skating Club has the right, but not the obligation, to provide rules, regulations and/or ice monitors for Club Ice. We hereby acknowledge that the Lake Region Figure Skating Club shall not be responsible for the supervision of the members at Club Ice.

I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

Consent for Medical Attention or Treatment

I certify that I, the member, or I, the parent/guardian of said participant, give my consent to the Lake Region Figure Skating Club and the facility the activities are taking place in and their staff and to members of the Lake Region 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.

Name of Minor Participant(s):

Medical or other Conditions coaches may need to be aware of:

PRINTED NAME OF MOTHER/PHONE #

SIGNATURE OF MOTHER

DATE

PRINTED NAME OF FATHER /PHONE #

SIGNATURE OF FATHER

DATE

LEGAL GUARDIAN IF APPLICABLE/PHONE #

SIGNATURE OF LEGAL GUARDIAN

DATE

NAME OF ADULT PARTICIPANT/PHONE#

SIGNATURE OF ADULT PARTICIPANT

DATE

NAME OF OTHER EMERGENCY CONTACT/PHONE#

This Consent for Medical Attention shall be binding and effective for one year from the date of signature.

