

SHAKER FIGURE SKATING CLUB
RELEASE, WAIVER OR LIABILITY AND EXPRESS ASSUMPTION OF RISK AGREEMENT
(MUST BE COMPLETED)

In consideration of my participation in any Shaker Figure Skating Club program, including Shaker SYNCsations Synchronized Skating Team, I acknowledge an understanding of the nature of the activity and that I, or my minor child, am qualified, in good health and in proper physical condition to participate in such activity. I acknowledge that if conditions are unsafe, I, and/or my minor child, will immediately discontinue participation in the activity.

I fully understand that skating involves risks of serious bodily injury, including permanent disability, paralysis and death, and that these or other risks may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place or the negligence of the Releasees names below. I also acknowledge there may be other risks either not known to me or not foreseen at this time and I fully accept and assume all such risks and all responsibility for losses, costs and damages I incur as a result of my participation in the activity.

I hereby release, discharge and covenant not to sue the Shaker Figure Skating Club, its officers, Board of Trustees, members, volunteers and agents (each considered one of the Releasees herein) from all liability, claims, demands losses or damages on my account caused or alleged to be caused in whole or in part by the negligence of the Releasees. This release waiver of liability and express assumption of risk agreement does not apply to any liability, claims, demands, losses or damages arising out of the gross negligence of, or intentional, willful or wanton misconduct of Releasees. If I, or anyone on my and/or my minor child's behalf, makes a claim which does not arise from the gross negligence of, or intentional, willful or wanton misconduct of Releasees- against any of the Releasees, I will indemnify, defend, save and hold harmless each of the Releasees from any loss, liability, damage or cost which any may incur as the result of such a claim.

I acknowledge that I have read this release, waiver of liability and express assumption or risk agreement and fully understand its intent.

Signature of Participant (only if over age 18)

Signature of Parent/Legal Guardian - (if participant under 18)

EMERGENCY MEDICAL INFORMATION

Skater: _____
Address: _____

Telephone () _____

PARENT/GUARDIAN INFORMATION

IN CASE OF EMERGENCY CONTACT
(if Parent/Guardian cannot be contacted)

Name: _____
Address _____
Telephone: Home: __ (____) _____
 Office or Cell: (____) _____

Name: _____
Address _____
Telephone Home: (____) _____
 Office or Cell: (____) _____

MEDICAL HISTORY

Allergies: _____
Existing Medical Conditions: _____

Medical Facility of Choice: _____

| | Name | Address | Telephone |
|-------------|-------|---------|--------------------------|
| Physician | _____ | _____ | Telephone (____) _____ |
| Dentist | _____ | _____ | Telephone (____) _____ |
| orthopedist | _____ | _____ | Telephone (____) _____ |
| Specialist | _____ | _____ | Telephone (____) _____ |