



Westminster Figure Skating Club of Erie

Guest Skater

Medical/Emergency Treatment Release

Skater's Name: _____ Birth Date: _____

Address: _____ Home #: _____

_____ Work/Cell #: _____

Please give us the name of two responsible persons to call if you cannot be reached in an emergency.

Name: _____ Home #: _____ Work/Cell#: _____

Name: _____ Home #: _____ Work/Cell #: _____

I, _____ do hereby appoint the Westminster Figure Skating Club of Erie, Inc., hereby referred to as "the Club", to act on my behalf in authorizing unexpected medical, dental, surgical care and hospitalization for myself or my minor child.

I hereby, on behalf of myself and my minor child, agree to assume the risks of participating in the Club activities and waive all claims for any personal injury and/or loss or damage to property and hereby release the Club, it's members, instructors, coaches, employees and agents, from any liability whatsoever, which may arise as a result of participation.

A Club session Chairperson, Coach or parent volunteer in the position of authority for a given club session reserves the right to remove any skater from relevant session, without refund, when it is deemed to be in the best interest of the skater or the Club.

The Club reserves the right to use any pictures, including video taken during club activities for promotional or instructional purposes.

I have read the foregoing, explained the meaning to my child, and hereby do approve and consent to the terms and conditions stated.

_____ Date _____

Parent / Guardian or Adults Skater's (printed name)

Parent / Guardian or Adult Skater's signature