

PARENTAL CONSENT AND INDEMNIFICATION AGREEMENT

(For Participation in the Wasatch Figure Skating Club)

I, the minor's parent and/or legal guardian, understand the nature of the above referenced activity and the minor's experience and capabilities and believe 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 Wasatch Figure Skating Club, United States Figure Skating, its 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 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 claim against any of the RELEASEES, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the RELEASEES from any litigation expenses, attorney fees, loss liability, damage or cost any RELEASEE may incur as the result of any such claim.

Printed Name of Parent/Guardian

Date

Signature of Parent/Guardian

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 Wasatch Figure Skating Club and the facility at which the "activity" is taking place and their staff and to members of the Wasatch 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 this "activity."

Name of 1st Minor Child Member (please print)

Name of 2nd Minor Child Participant (please print)

Name(s) of Parent(s)/Guardian(s)

Please print

1st Parent/Guardian Signature _____

Date _____

2nd Parent/Guardian Signature _____

Date _____

Name of 1st Adult Member

Please print

1st Adult Member Signature _____

Date _____

Name of 2nd Adult Member

Please print

2nd Adult Member Signature _____

Date _____

This Consent for Medical Attention shall be binding and effective for the 2015-2016 membership year of Wasatch Figure Skating Club.