

Jackson Hole Figure Skating Club

Liability Waiver, Medical and Photo Release Form

EACH statement *MUST* be *INITIALED* by Parent/Guardian,
Except for registered Adult members, who *MUST* initial their own.



The undersigned hereby,

- _____ Acknowledges that one or more members of their family, including, but not limited to, those individuals specified on the Jackson Hole Figure Skating Club (JHFSC) Membership application, to participate in recreational skating activities organized by the JHFSC, a Wyoming nonprofit charitable organization, and/or directors, officers, coaches, employees, and/or other formally or informally, affiliated with or helping the JHFSC.
- _____ Acknowledges that these recreational activities involve substantial risks of injury to the individuals engaging in these activities. These recreational activities will only be furnished to the undersigned and the family members associated with the undersigned on the terms set forth herein, whereby the undersigned and their family members must bear the risks and costs of any such injuries. These are voluntary recreational activities and will only be conducted under these terms. If the undersigned wants financial protection against personal injuries, then the undersigned must obtain their own liability and health insurance to protect themselves and their family members and guests.
- _____ Waives, and indemnify and agree to hold harmless JHFSC and its directors, officers, coaches, employees, and other formally or informally affiliated with or helping JHFSC from and against, any and all claims or liabilities against any of them, and related expenses (including reasonable attorney fees), relating to or arising out of the participation in these recreational activities by any of the undersigned and their family members, in the absence of willful misconduct on the part of the applicable indemnified party.
- _____ Acknowledges this agreement shall remain in full force and effect so long as any of the undersigned and their family participates in these recreational activities, and waiver and indemnities set forth herein shall remain in full force and effect as to any later claims and/or liabilities relating to any such activities. This Agreement may not be unilaterally canceled or modified by the undersigned. Any cancellations or modification must be in writing and signed by the undersigned and by the appropriate principal of the JHFSC. This Agreement is binding upon each of the undersigned and their family members and successors, heirs, estates, and personal representatives.

Permission to Administer Medical Care – by signing this form, you have accepted responsibility for all medical expenses incurred whether or not you are covered by insurance.

As the parent /guardian of the participant named below, I request that in my absence, the named participant be admitted to any hospital or medical facility for diagnosis & treatment. In case of injury, accident or illness, I authorize the coaches & on-site volunteer medical/first aid staff to provide appropriate medical treatment. If an emergency transport is deemed necessary, I authorize the same to summon an ambulance to transport the participant to the hospital. I request & authorize physicians, athletic trainers, technicians, first aid personnel, nurses & dentists, to perform any diagnostic, treatment, or operative procedures, & x-rays for named participant. I have been given no guarantee as to the results of the examination or treatment. I have accepted total responsibility for any and all medical costs of the participant.

I have read and understand the above release and grant my permission to administer medical care.

_____ participant name (print)

_____ participant signature

_____ date

_____ parent / guardian name (print)

_____ parent / guardian signature

_____ date

***Parent or Guardian must sign if participant is under the age of 18**

Medical Insurance Coverage:

Company _____

Name of Policy Holder _____

Policy Number _____ Ex-date _____

Medical Information about Participant:

Allergies to Drugs _____

Medical Information _____

NOTE: PLEASE SEE THE OTHER SIDE



Jackson Hole Figure Skating Club Consent to Photograph, Record, or Videotape

Hereby authorizes photographs, recordings, filming and/or videotape taken of:

(Name of person or indicate self)

and hereby authorizes the Jackson Hole Figure Skating Club to use these photographs, recordings, filming, and/or videotape for any purpose.

Date: _____

Signature: _____

Relationship: _____

(Relationship to person interviewed, videotaped, or photographed, if other than self)

Witness: _____

Note: PLEASE SEE THE OTHER SIDE