

# Parental Consent and Indemnification Agreement

I, the minor's parent and/or legal guardian, understand the nature of figure skating activities, ("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 OLD HARMLESS the Star Of The North 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 damage on the minor's account caused of 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 in the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS each of the Releasees from any litigation, expenses, attorney fees, loss liability, damage, or cost any Releases may incur as the result of such claim.

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(PRINTED Name of Skater)

(Date)

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(Signature of Parent/ Guardian)

(PRINTED Name of Parent/ Guardian)

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## 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 Star Of The North Figure Skating Club and the facility the activities taking place in and their staff and to members of the Star Of The North 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 participating in these activities.

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(Name of Skater)

(PRINTED Names of parents/ guardians)

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(Parent/ Guardian Signature)

(Date)

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(Phone)

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(PRINTED Alternate contact in case of emergency) (Phone)

This Consent for Medical Attention shall be binding and effective for the (current year) membership year.