



## Liability Waiver

July 1, 2009 - June 30, 2010

**All skaters must have a current waiver on file before they can skate on the Figure Skating Club of Madison ice.**

Participant Information		
Last Name:	First Name:	
Street Address:		
City, State, Zip:		
Age:	Daytime Phone:	Evening Phone
Hold Harmless (signature required)		
<p>I, the undersigned, do hereby release and hold harmless the Figure Skating Club of Madison, Inc. nonprofit corporation, its employees, agents and all other persons acting in its behalf, including volunteers, from any and all claims, demands, and right of action whatsoever, which I ever had, which I now have or may have on account of injury or injuries both known and unknown for bodily injury, property damage, loss of services and medical expenses sustained by me or my child which may hereafter arise as a result of my participation in activities of the Figure Skating Club of Madison, Inc. I agree that I will carry insurance to cover such injuries, or will self-insure.</p>		
<b>Adult Skater Name and Signature:</b> or	Name:	Date:
	Signature:	
<b>Parent or Guardian Name and Signature:</b>	Name:	Date
	Signature:	
Medical Authorization (signature required)		
<p>I give permission for the FSC of Madison or the rink management to obtain emergency medical help if I or my child is injured or becomes ill during skating activities.</p>		
<b>Adult Skater Signature:</b> or		Date:
<b>Parent or Guardian Signature:</b>		
Medical Information		
Doctor's Name:	Phone:	
Clinic Name:	Address:	
Hospital:	City:	
Medical Insurance Co.:	Policy #:	
Emergency Contact (other than parents)	Name:	Phone:
<p>Indicate any serious allergies or conditions affecting emergency care:</p>   		