

LIABILITY WAIVER

I hereby acknowledge that the sport of figure skating contains dangers and risks, and may result in injury to the participant. I hereby assume all risks of personal injury or death and property damage from any cause whatsoever arising while my child or I are participating in such activity. I agree to waive and release the Steamboat Springs Figure Skating Club, the Howelsen Ice Arena, the City of Steamboat Springs, and their officers, employees and sponsors from any injury I or my child may sustain or any damage that may be caused by the use of equipment I may rent. Hospital care may be rendered to me or my child under the general or special supervision and on the advice of any physician licensed to practice in the State of Colorado. Furthermore, participants may be photographed and such may be used to publicize activities, events and/or the Steamboat Springs Figure Skating Club.

Health Insurance Provider: _____

Policy Number: _____

Physician: _____ Physician Phone: _____

Allergies: _____

Medication Currently Taken: _____

PARENT/ GUARDIAN SIGNATURE

DATE