SKATECENTER WEST SKATING CLUB ADULT
RELEASE FROM LIABILITY/TRAVEL AUTHORIZATION
2010-2011

I, the undersigned, have read the current club rules and agree to comply with the policies set forth by the Sprinters Speed Club and SkateCenter West. I agree that the Sprinters Speed Club, the SkateCenter West Skating Center, or the instructor's within, will not be held liable should injury be sustained by me while in lessons, during practice, or on the premises of the SkateCenter West. In order to maintain an equitable relationship with ALL our students, we ask that exceptions to our policy not be requested.

I, the undersigned, do hereby give permission to participate in local, state, regional and national competitions and practices, as approved by the SkateCenter West and Sprinters Speed Club professional staff for the period of September 1, 2010 to August 31, 2011.

I also give my permission for emergency medical treatment at this time.

Do you have any medical problems or allergies? If so, please list along with any medications that you take or that you cannot take.

I also agree by my signature to this statement of permission, I, hereby release the Sprinters Speed Club and the individual sponsors, including Coaches, Judges, Referees, Stewards, Staff, Venue and Supervising Adults from any and all liability for mishap or injury to Me the skater names herein from the departure, to the time of return form me approved activity, and from any and all responsibility for the acts or conduct of such skater during this time.

_____ _____ _____
Skater's Signature home phone work or cell phone

_____
Address City State Zip Code

_____
Email address

Emergency Contact Information:

Skater's Legal Name: _____ Birth date: _____
Last, First Middle MM/DD/YY

_____
Address City State Zip

_____
Name of Physician and Health Plan Carrier Area code/ Telephone number

_____
Name of Dentist and Dental Health Plan Carrier Area code/ Telephone number

_____
Emergency Contact Area code/ Telephone number

Other information helpful in an Emergency: _____

_____

*****DO NOT WRITE BELOW THIS LINE*****

State of Tennessee, County of _____, sworn to and subscribed before me this_____day of _____. 20 ____.

_____
Official Notary Signature

Notary Stamp→

Personally known_____ or produced identification_____
Type of identification produced_____