



In case of emergency, I understand that when medically feasible an effort will be made to contact a parent or guardian or emergency contact; however, in the event one is not reached or it is not medically feasible to contact one, I hereby authorize the members of the St. Louis Skating Club to call 911 and authorize any medical staff, hospital, and/or physician to render any necessary medical treatment. I prefer that the skater be taken to _____ Hospital, if possible. I understand that I am responsible for all medical expenses incurred.

SIGNATURE: _____ DATE: _____
(If minor, parent or guardian must sign.)

LIABILITY ACKNOWLEDGEMENT:

I/We the parent(s) or legal guardian, _____, and minor _____, recognize and acknowledge that figure skating is a dangerous sport in which there are risks of injury to the participant. I/We will not hold the St. Louis Skating Club, its members, and its volunteers liable for injuries, accidents, or less which may arise out of participation in St. Louis Skating Club activities.

I/We know of no reason(s) why my child should not participate in St. Louis Skating Club activities.

I/We further agree to abide by all rink and club rules and regulations.

SIGNATURE: _____ DATE: _____
(If minor, parent or guardian must sign.)