Oswego Figure Skating Club, Inc. Associate Membership

Skater Name	**USFSA #**	**Date of Birth**
Address	**Phone**	**Cell Phone**
City **State** **ZIP**	**Primary E-mail**	
Parent/Guardian Name(s)	**Emergency Contact Name & Number**	
OFSC Registration (7/1/2010 to 6/30/2011)	Date: Cash Check #	$45 (2nd family member $30)

Oswego Figure Skating Club, Inc. Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement ("Agreement")

In consideration of participating in Oswego Figure Skating Club, Inc. (OFSC, Inc.) activities, I represent that I understand the nature of figure skating activities ("activity") and that I am qualified, in good health and in proper physical condition to participate in such "activity." I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the "activity."

I fully understand that this "activity" involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the "activity," condition in which the "activity" takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation in the "activity."

I hereby release, discharge, and covenant not to sue the OFSC, Inc., 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 damages on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations; and I further agree that if, despite this release, waiver of liability, and assumption of risk, I, or anyone on my behalf, makes a claim against any of the releasees, I will indemnify, save, and hold harmless each of the releasees from any loss, liability, damage, or cost which any may incur as the result of such claim.

The OFSC, Inc. has the right, but not the obligation, to provide rules, regulations and/or ice monitors for club ice. We hereby acknowledge that the OFSC, Inc. shall not be responsible for the supervision of the members at club ice.

I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

Printed Name of Participant _____ Signature of Participant/Participant's Representative _____ Date _____

Oswego Figure Skating Club, Inc. PARENTAL CONSENT AND INDEMNIFICATION AGREEMENT

I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities 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 HOLD HARMLESS each of the releasees from all liability, claims demands, losses, or damages on the minor's account caused or 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 on 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 litigation expenses, attorney fees, loss liability, damage, or cost any releasees may incur as the result of any such claim.

Printed Name of Parent/Guardian _____ Signature of Parent/Guardian _____ Date _____

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 Oswego Figure Skating Club, Inc. and the facility the activities are taking place in and their staff and to members of the OFSC, Inc., 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 participation in these activities. This consent for Medical Attention shall be binding and effective for the 2010-2011 membership year of Oswego Figure Skating Club, Inc.

Printed Name of Minor Child Member _____ Printed Name of Parent/Guardian & Signature of Parent/Guardian _____ Date _____