

Oswego Figure Skating Membership Form

Member Name:	Date of Birth:
Address, City, State, Zip:	USFSA #:
Parent/Guardian:	Contact #:
Email:	

Emergency Contact Name and #:

_____ Full Club Member \$60.00
_____ Additional Full Club Family Member \$30.00
_____ 1st Year Full Club Member \$35.00
_____ Additional 1st Year Full Club Member \$30.00
_____ Associate Member \$40.00
_____ Additional Family Associate Member \$36.00
_____ Collegiate Member \$90 (This is good for the first 4 years after high school, and may only be used one time.)
_____ Learn to Skate Basic Skills Member \$20.00

Amt. Paid: _____ Received by: _____ Date: _____

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

In consideration of participating in Oswego Figure Skating Club, Inc. activities, I understand the nature of figure skating activities and that I am qualified, in good health and in proper physical condition to participate in such "activities". 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 responsibility for losses, costs, ad damages I incur as a result of my participation in this "activity".

I hereby release, discharge, and covenant not to sue the OFSC, Inc. USFSA, it's directors, officers, administrators, sponsors, volunteers, employees, staff, instructors, trainers, other participants, owners and people who lease premise on which this "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 part by negligence of the "releasees" or otherwise, including negligent rescue operations; 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 identity, save, and hold harmless each of the "releasees" from any loss, liability, damage, or cost which may incur as a result of such claim.

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

Consent for Medical Attention or Treatment

I certify that I, the member, or I, the parent/guardian of siad participant, give my consent to the OFSC, Inc. members, board of directors, volunteers, and the staff of the facility the activities are taking place in 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 shall be binding and effective for the current skating season.

Photo Release Authorization

I grant to Oswego Figure Skating Club, Inc. (OFSC) the right to take photographs of me and my family in connection with the Oswego Figure Skating Club at the Crisafulli Rink. I authorize OFSC, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that OFSC may use such photographs of me with or without my name and for any lawful purpose, including, for example, such purposes as publicity, advertising, and web content.

I have read and understand the above (please check):

_____ Oswego Figure Skating Club, Inc. Waiver and Release of Liability, Assumption of Risk/Indemnity Agreement

_____ Consent for Medical Attention or Treatment

_____ Photo Release Authorization

----- Date:-----
Signature of Skater if 18 years of age or older

----- Date:-----
Signature of Parent/Guardian for under 18 yrs. of age