

Fill out both parts of this form, the Liability Waiver Form, and return all forms with your membership registration

**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 claims against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each one of the Releasees from litigation expenses, attorney fees, loss liability, damage, or cost and Releasees may incur as the result of any such claim.

\_\_\_\_\_ Date \_\_\_\_\_  
Printed Name of Parent/Guardian

Signature of Parent/Guardian \_\_\_\_\_

**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 Binghamton Figure Skating Club and the facility the activities are taking place in and their staff and to members of the Binghamton Figure Skating Club, 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, or said participant for any injury that could arise from participation in these activities.

\_\_\_\_\_ Name of 1<sup>st</sup> Minor Child Member (please print) \_\_\_\_\_ Name of 2<sup>nd</sup> Minor Child Member (please print)

Name(s) of Parent(s)/ Guardians(s) \_\_\_\_\_  
(please print)

1<sup>st</sup> Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

2<sup>nd</sup> Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of 1<sup>st</sup> Adult Member \_\_\_\_\_  
(please print)

1st Adult Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of 2<sup>nd</sup> Adult Member \_\_\_\_\_  
(please print)

2<sup>nd</sup> Adult Member Signature \_\_\_\_\_ Date \_\_\_\_\_

This Consent for Medical Attention shall be binding and effective for the season of membership in the Binghamton Figure Skating Club in which it is signed.