



WAIVER AND CONSENT FORM

WAIVER and RELEASE of LIABILITY, ASSUMPTION of RISK and INDEMNITY AGREEMENT

In consideration of participating in Carolinas Figure Skating Club 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," the conditions 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 Carolinas Figure Skating Club, 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.

Carolinan Figure Skating Club has the right, but not the obligation, to provide rules, regulations and/or ice monitors for Club Ice. We hereby acknowledge that Carolinas Figure Skating Club shall not be responsible for the supervision of the members at Club Ice.

I have read this WAIVER AND RELEASE 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.

NAME OF PARTICIPANT (please print) _____

SIGNATURE OF PARTICIPANT _____ DATE _____

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

NAME OF PARENT/GUARDIAN (please print) _____

SIGNATURE OF PARTICIPANT _____ 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 Carolinas Figure Skating Club and the facility the activities are taking place in and their staff and their members, 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.

NAME OF MINOR CHILD MEMBER (please print) _____

NAME OF PARENT/GUARDIAN (please print) _____

SIGNATURE OF PARENT/GUARDIAN DATE _____

NAME OF ADULT MEMBER (please print) _____

SIGNATURE OF ADULT MEMBER _____ DATE _____

This Consent for Medical Attention shall be binding and effective for the 2010-11 membership year of Carolinas Figure Skating Club.



VOLUNTEER SURVEY 2010 - 2011

Dear Parent/Skater:

Carolinas Figure Skating Club is a volunteer based organization. All activities ranging from club sessions, test sessions, competitions and shows are organized and staffed by club members. The success of these activities and events rely on your participation. The donation of your time and skills also help keep membership fees low. Please indicate how you can participate below. Thank you.

Name _____ Phone () _____

Email _____

EVENTS: Which events can you volunteer? (Check all that apply):

- John Smith Memorial Competition (September)
- State Games (May)
- Annual Banquet (June)
- Monthly Coaches' Luncheons (Please indicate which months): _____

COMPETITION EXPERIENCE: Check if experienced or **willing to learn**:

- Ice Monitor Registration Desk Music
- Announcing Runner
- Hospitality Setup/Clean up Accounting (Skate)

ACTIVITIES: Which of the following activities could you assist with?

- Music Mailings Newsletter Other: _____

SKILLS/TALENTS: In order to best use your skills and talents, please check all that apply:

ART/DESIGN

- Calligraphy Drawing Painting Floral Arrangement Sewing
- Other _____

HOSPITALITY

- Food Donation Food Preparation Food Serving Other: _____

ORGANIZATIONAL/CLERICAL

- Mailing / Distribution Photocopying Data Entry
- Obtaining Goody Bag Donations Goody Bag Assembly

SKILLED TRADES/PROFESSIONAL SERVICES

- Accounting Fundraising Other: _____
- Carpentry Medical