

Bremerton FSC
Club Training Equipment Use Request Form
2019 - 2020

for Bremerton FSC Crossover Members and Non-Member Skaters

Requests must be approved **prior** to use. Complete and submit form directly to a board member or place form in club box and call or email a board member. Please allow 48-hours in advance of requested use time. Requests must be accompanied by signed "Waiver and Release of Liability, Assumption of Risk & Indemnity Agreement" and "Consent for Medical Attention or Treatment".

Submission Date: _____

Name of skater: _____

Bremerton FSC
Crossover member

Non-member US Figure Skating
Membership #: _____

Date(s) requesting use of Bremerton
FSC owned training equipment*: _____

*maximum of four (4) calendar days during a club year

camp Lesson

For use during: class seminar Supervising coach: _____

I agree to pay \$10 per calendar day for my use of Bremerton FSC training equipment. Payment will be placed in the club box by the end of the day of use.

Signature of skater (If under 18, must be signed by parent/guardian)

Date

If applicable, signatory's name and relationship to minor

<i>Bremerton FSC use only</i>			
Date Received:		Date Paid:	
Waiver and Consent attached (non-members)?	Yes No	check number:	
approved?	Yes No		
Approval signature:			

**BREMERTON FIGURE SKATING CLUB
2019 – 2020**

Waiver and Release of Liability, Assumption of Risk & Indemnity Agreement

In consideration of participating in Bremerton Figure Skating Club (BFSC) 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 the Bremerton 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.

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

I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, and understand that I have given up substantial rights by signing my agreement on the BFSC Membership Application 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.

Consent for Medical Attention or Treatment Consent for Medical Attention or Treatment

By providing my signature below, I certify that I, participant, or I, the parent/guardian of said participant, give my consent to BFSC 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 club sponsored activities.

Name of Participant

Signature of participant or, if under 18, parent/guardian of participant

Date