

# VISITING CLUB SKATER WAIVER 2015/16 SEASON



## Skater Details

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

City/Town

Province

Postal Code

Phone: \_\_\_\_\_ Other: (Emergency) \_\_\_\_\_

Email Address: \_\_\_\_\_

Equipment Required:  Helmet  Neck Guard  Cut Resistant Gloves  Knee pads

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## Cost

\$10.00 per session

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## Visits

Date: \_\_\_\_\_ Received by: \_\_\_\_\_

Date: \_\_\_\_\_ Received by: \_\_\_\_\_

Date: \_\_\_\_\_ Received by: \_\_\_\_\_

Date: \_\_\_\_\_ Received by: \_\_\_\_\_

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## Declaration

In consideration of your accepting this registration, I hereby, for myself, my heirs, executors, administrators and assigns, waive and release any and all rights and claims for damages I may have against Speed Skating Canada and the Alberta Amateur Speed Skating Association and it's member clubs, their agents, officers or members, the Banff / Canmore Speed Skating Club, The Town of Canmore, and the Town of Banff, for any injuries suffered by the member while traveling to or from or participating in the skating practices, competitions, or other activities, nor shall they be responsible for any damages or losses caused by the member during the same time. In signing this release I acknowledge the potential for injury.

The Supervisor on duty has my permission to take me or my child for medical attention if they consider it necessary. Registration will be accepted only under such condition.

Signature: \_\_\_\_\_ Date of Signature: \_\_\_\_\_  
(signature of adult skater, parent or guardian)