



VISITING CLUB SKATER WAIVER 2017/18 SEASON

Skater Details

Name: _____ DOB _____

Address: _____

City/Town	Province	Postal Code
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Phone: _____ Other: (Emergency) _____

Email Address: _____

Equipment Required: Helmet Neck Guard Cut Resistant Gloves Knee pads

Cost: \$10.00 a session

Visits

Date: _____ Received by: _____

Date: _____ Received by: _____

Date: _____ Received by: _____

Date: _____ Received by: _____

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 its 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)