

BUFFALO SKATING CLUB WAIVER AND TREATMENT FORM

I / we the undersigned student and parent or guardian, release the Buffalo Skating Club, the Board of Directors, Members, Coaches, and Agents from any personal injury and loss or damage to property during the skating season.

If I / we are not able to be contacted for immediate medical authorization, I / we agree to hold harmless any hospital or medical personnel to treat our child.

I / we have read this form, explained it to the said child, and consent to the terms above. This information is complete and accurate.

PLEASE PRINT

Full name of skater/child _____

Signature of skater/child _____ Date _____

Parent/Guardian signature _____ Date _____

Home Phone _____ Work Phone _____

Cell Number _____

Emergency Contact _____

Relationship to Skater: _____ Phone Number _____

BUFFALO SKATING CLUB PICTURE WAIVER

The Buffalo Skating Club has my permission to use any pictures of myself or my child on the Buffalo Skating Club website, newsletter, news publications or for any advertising or instructional purposes, during the skating season.

Name of Skater _____

Signature of Guardian _____

_____ Email Address: _____

Date _____