

WAIVER AND RELEASE OF LIABILITY

This document contains important information about the inherent risks of ice skating.

I am aware that the sport of ice skating and related off-ice training and conditioning poses dangers and risks of injury. I also understand that my or my child's participation in this sport and in Louisville Skating Academy ("LSA") and/or LSA Basic Skills Group activities, which may include skaters of varying experience, skills, and abilities, places me or my child at greater risk of injury than choosing not to participate. I understand that I or my child, or other skaters on the ice, may need to practice skills where speed, power, and difficult, dangerous jumps, spins, spirals, and moves are required. I understand that there will be times when skaters are skating backwards, spinning or practicing other maneuvers where it may not be possible to see clearly and stop their maneuver in time to prevent a collision with a skater who has crossed his or her path. I agree that I or my child have a responsibility to maintain a lookout for and to avoid a collision with skaters in such maneuvers. I understand that the coaches on the ice are not employees or agents of LSA or LSA Basic Skills Group and that a coach cannot guarantee my or my child's safety. I am solely responsible for assessing, at all times, whether the conditions of the practice ice session, off-ice training session, the arena and ice surface are safe or suitable to my or my child's experience, skills, and abilities, and for exiting the session or arena and choosing not to participate if I deem conditions unsuitable.

In consideration for my participation in LSA and/or LSA Basic Skills Group activities, I hereby release LSA and LSA Basic Skills Group and their officers, directors, members, volunteers, contractors, and employees as well as independent contractor coaches ("Released Parties") from all claims, demands, losses and damages, and from any liability resulting from any injury incurred while participating in any LSA or LSA Basic Skills Group activities and programs whether or not caused by the negligence or other fault of the Released Parties.

I AGREE THAT I HAVE READ THIS WAIVER AND RELEASE, HAVE HAD AN OPPORTUNITY TO ASK ANY QUESTIONS ABOUT IT THAT I MAY HAVE AND THAT MY SIGNATURE BELOW INDICATES MY AGREEMENT TO ALL OF ITS TERMS.

Print Name of Registrant or Applicant

Signature of Registrant or Applicant

Date

For Registrant or Applicant under Age 18:

Print Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

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.

Printed Name of Parent/Guardian

Date

Signature of Parent/Guardian

CONSENT FOR MEDICAL ATTENTION OR TREATMENT

I, the member, or I, the parent/guardian of said participant, here give my consent to Louisville Skating Academy ("LSA") and/or LSA Basic Skills Group and the facility in which the activities are taking place and their staff and to members of LSA, 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. I agree that my provision to LSA or LSA Basic Skills Group of emergency contact phone numbers of persons who can be contacted on my behalf in the event of an emergency is voluntary and is merely for my convenience and in no way obligates LSA or LSA Basic Skills Group to keep such information up-to-date. I acknowledge that LSA or LSA Basic Skills Group substantially relies on volunteers, including other members and parents of skaters, to help oversee many of LSA's or LSA Basic Skills Group's activities and I agree that LSA's or LSA Basic Skills Group's attempt to gather emergency contact information does not impose liability on LSA or LSA Basic Skills Group related to any act or omission in the event of an emergency of any kind. I agree that the responsibility to assure my or my child's safety remains with me at all times.

Name of 1st Minor Child Member (please print)

Name of 2nd Minor Child Member (please print)

Names(s) of
Parent(s)/Guardian(s) _____
(please print)

1st Parent Signature _____ Date _____

2nd Parent Signature _____ Date _____

Name of 1st Adult
Member _____ Signature _____ Date _____
(please print)

Name of 2nd Adult
Member _____ Signature _____ Date _____
(please print)

This Consent for Medical Attention shall be binding and effective for the 2009-10 membership year of the Louisville Skating Academy.