

**CHIPPEWA FIGURE SKATING CLUB  
GUEST SKATER WAIVER AND SIGN IN  
GUEST SKATERS NEED TO HAVE PASSED LEARN TO SKATE BASIC 6  
\$15/HOUR - NO MORE THAN 5 GUEST SKATERS AT ONE TIME**

In consideration of my participation as a guest/parent skater at Chippewa Ice Arena on Chippewa Figure Skating Club ice, I acknowledge that I understand the nature of the activity and that I, and/or my minor child, am qualified, in good health, and in proper physical condition to participate in such activity. I acknowledge that if conditions are unsafe, I, and/or my minor child, will immediately discontinue participation in the activity.

I fully understand that skating involves risks of serious bodily injury, including permanent disability, paralysis, and death, and that these and other risks may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the Releases named below; and that there may be other risks either not known to me or not foreseen 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 Chippewa Figure Skating Club, their respective administrators, directors, agents, officers, volunteers, and employees, (each considered one of the Releases 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 Releases. This release waiver of liability and express assumption of risk agreement does not apply to any liability, claims, demands, losses, or damages arising out of the gross negligence of, or intentional, willful or wanton misconduct of Releases. If I, or anyone on my and/or my minor child's behalf, makes a claim, I agree I will indemnify, defend, save, and hold harmless each of the Releases from any loss, liability, damage, or cost which any may incur as the result of such claim.

I acknowledge that I have read this release, waiver of liability and express assumption of risk agreement and fully understand it. Please enter all participants' names below and have the parent/guardian sign for all minors under the age of 18 years old.

Skater's Name: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

Home Club: \_\_\_\_\_

USFS #: \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_  
Signature of Skater(Parent if under 18)

\_\_\_\_\_  
Date

Payment received: \_\_\_\_\_

USFS # Verified by CFSC Coach/Board: \_\_\_\_\_

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