

Aspen Skating Club Release Form 2018-2019

Hospital and Medical Release:

I/We the aforementioned parent(s) or legal guardian of said minor child and having custody of said child **DO HEREBY CONSENT** to giving of emergency medical care or treatment of my son/daughter (NAME) _____ by any of the professional medical, nursing staff of the Aspen Valley Hospital, or any licensed physician, which in their judgment is required in case of an accident or medical emergency incurred during registration in the Aspen Skating Club.

Parent Signature: _____ **Date:** _____

City of Aspen and Aspen Skating Club, Consent and waiver of Responsibility:

The city of Aspen and the Aspen Skating Club undertake no responsibility for damages or injuries suffered by the skater. As a condition of, and in consideration of their enrolment, all enrollees shall be deemed to agree to assume all risks of injury to their person and property resulting from or caused by or connected with the management of the Aspen Skating Club, its officers and employees and staff, and all skating professional teaching at the Aspen Skating Club.

Parent Signature: _____ **Date:** _____

Photography/Internet Consent:

Occasional the Aspen Skating Club has guest coaches or celebrity skaters working with our members and many photographs can be taken. There are also photographs taken during our show and club sessions. Photographs may appear in local newspaper, on the club website, in show posters or programs, and in competition programs.

I/we the aforementioned parent(s) or legal guardian of said minor child and having custody of said child **DO HEREBY CONSENT** to allow the Aspen Skating Club to photograph my/our child (NAME) _____, for use in Aspen Skating club's marketing material, local newspapers, website, event posters and programs.

Parent Signature: _____ **Date:** _____