

Waiver Information/Waiver Statement

As the parent and/or guardian of _____,
I authorize my child's participation in the Manitowoc County Figure Skating Club's (MCFSC) skating sessions, and agree to accept full financial responsibility for all fees, costs, damages, and expenses incurred or caused by the participant in all aspects of the program and/or use of the facilities, on or off of the ice.

I further authorize MCFSC and the Manitowoc County Ice Center (MCIC) or their agents to exercise their judgment to seek and obtain medical care for the participant in the event of an acute illness or injury necessitating such care. I, as parent and/or guardian, agree to pay and all expenses incident to such illness or injury; including, but not limited to; transportation, evaluation, diagnostic testing and treatment. I hereby release the Manitowoc County Figure Skating Club, Inc., Manitowoc County Ice Center, their respective board members, members, volunteers, staff, and agents from all liability for injury or loss of property for the above listed skater on or off the ice.

I agree that MCFSC and MCIC along with their respective officers, staff, and agents assume no responsibility for accidents or injuries on or off the ice or for any loss or damage of personal property. MCFSC reserves the right to cancel this program due to lack of interest or any other unforeseen circumstances. Refunds only given upon MCFSC's cancellation or participant having a dated doctor's confirmation deeming them unable to participate

Skater's Signature (if over the age of 18)

Date

Parent/Guardian's Signature (if the skater is under the age of 18)

Date