



GILMOUR ACADEMY FIGURE SKATING CLUB

Name of Skater _____

Release of Liability/Acknowledgement of Risk: I/we understand and appreciate that participation or observation of the sport constitutes a risk to me/us of serious injury, including permanent paralysis or death. I/we voluntarily and knowingly recognize, accept, and assume this risk and release Gilmour Academy FSC, its affiliates, sponsors, instructors, event organizers, volunteers and officials from any liability thereof.

Jump Harness Usage: I consent to the use of a jump harness in the teaching of me/my child's iceskating routine. I understand the belt will be attached to me/my child's waist in order to enable a skating instructor to lift me/my child three to five feet off the ice surface, to be pulled along and then lifted during the jump. The rope/pulley, which is part of the apparatus, is attached to a wire that stretches over the ice surface.

In consideration of my participation in any Gilmour Academy FSC program or basic skills activity, 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.

(Signature of Skater OR Signature of Parent/Legal Guardian if skater is under 18yrs of age)

Print Name: _____, Date: _____

Social Media/Photography and Videography: Any photos or video tape footage taken by or on behalf of Gilmour Academy may be used for promotional or educational purposes only.

_____ Yes _____ No (I do not want my child's photo or video tape footage to be used in any Gilmour Academy FSC purposes or activities)

(Signature of Skater OR Signature of Parent/Legal Guardian if skater is under 18yrs of age)

Print Name: _____, Date: _____