



Liability Waiver/Medical Release Form

Each Statement Must Be Initialed By The Parent Or Guardian Of The Participant

The Undersigned Herby,

___ Acknowledges that one or more members of their family is participating in recreational activities organized by the Grand Teton Skating Academy, a subsidiary of Skate Jackson Hole (SK8 JH, Inc.), a local tax exempt charitable organization.

___ Acknowledges that these recreational activities involve substantial risk of injury to the individuals engaging in these activities. These recreational activities will only be furnished to the undersigned and the family members associated with the undersigned on the terms set forth herein, whereby the undersigned and their family members must bear the risk and cost of such injuries not covered under the USFS liability registration. These are voluntary recreational activities and will only be conducted under these terms.

___ Waives, and indemnify and agree to hold harmless Grand Teton Skating Academy, SK8 JH, Inc., and their directors, officers, coaches, employees, and other formally or informally associated with or helping above mentions organizations from and against, any and all claims or liabilities against any of them, and related expenses (including reasonable attorney fees), relating to or arising out of the participation in these recreational activities by any of the undersigned and their family members, in the absence of willful misconduct on the part of the applicable indemnified party.

___ Acknowledges this agreement shall remain in full force and effect so long as any of the undersigned and their family participates in these recreational activities, and waiver and indemnities set forth herein shall remain in full force and effect as to any latter claims and/or liabilities relating to any such activities. This agreement may not be unilaterally canceled or modified by the undersigned. Any cancellations or modification must be in writing and signed by the undersigned and the appropriate principal of the Grand Teton Skating Academy. This agreement is binding upon each of the undersigned and their family members and successors, heirs, estates, and personal representatives.

Permission to Administer Medical Care - by signing this form, you have accepted responsibility for all medical costs incurred weather or not you are covered by insurance.

As the parent/guardian of the participant named below, I request that in my absence, the named participant be admitted to any hospital or medical facility for diagnosis and treatment. In case of injury, accident or illness, I authorize the coaches or on site volunteer medical/first aid staff to provide appropriate medical treatment. If an emergency transport is deemed necessary, I authorize the same to summon an ambulance to transport the participant to the hospital. I request and authorize physicians, athletic trainers, technicians, first aid personnel, nurses and dentists, to perform any diagnostic, treatment, or operative procedures and x-rays for the named participant. I have accepted total responsibility for any and all medical costs of the participant.

I Have Read And Understand The Above Release And Grant My Permission To Administer Medical Care.

Participant Name

Participant Signature Date

Parent/Guardian (print)

Parent/Guardian Signature Date

Medical Coverage:

Company _____
Name of Policy Holder _____
Policy Number _____

Allergies to drugs _____
Medical Information _____