

CONSENT FOR MEDICAL ATTENTION OR TREATMENT

I, the member, or I, the parent/guardian of said participant, here give my consent to Louisville Skating Academy ("LSA") and/or LSA Basic Skills Group and the facility in which the activities are taking place and their staff and to members of LSA, their Board of Directors and volunteers to obtain medical care from any licensed physician, hospital or clinic, including transportation and emergency medical services, for myself/ourselves and/or said participant for any injury that could arise from participation in these activities. I agree that my provision to LSA or LSA Basic Skills Group of emergency contact phone numbers of persons who can be contacted on my behalf in the event of an emergency is voluntary and is merely for my convenience and in no way obligates LSA or LSA Basic Skills Group to keep such information up-to-date. I acknowledge that LSA or LSA Basic Skills Group substantially relies on volunteers, including other members and parents of skaters, to help oversee many of LSA's or LSA Basic Skills Group's activities and I agree that LSA's or LSA Basic Skills Group's attempt to gather emergency contact information does not impose liability on LSA or LSA Basic Skills Group related to any act or omission in the event of an emergency of any kind. I agree that the responsibility to assure my or my child's safety remains with me at all times.

Name of 1st Minor Child Member (please print)

Name of 2nd Minor Child Member (please print)

Names(s) of
Parent(s)/Guardian(s) _____
(please print)

1st Parent Signature _____ Date _____

2nd Parent Signature _____ Date _____

Name of 1st Adult
Member _____ Signature _____ Date _____
(please print)

Name of 2nd Adult
Member _____ Signature _____ Date _____
(please print)

This Consent for Medical Attention shall be binding and effective for the 2011-2012 membership year of the Louisville Skating Academy.

PHOTO/VIDEO RELEASE

By signing below, I hereby give my consent for LSA to use any photographs, video recordings, or any other likenesses of myself, my minor child, and/or my minor children in its publications, website, press releases, and/or any other publicity and marketing materials, and to do so without prior notification. I hereby waive all rights to compensation or consideration from LSA for the use of such photographs, video recordings, or likenesses. I further agree to release and hold harmless LSA from all claims, demands, and causes of action which may arise by reason of this authorization.

Signature: _____

Date: _____