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web: <https://spencervilleskatingclub.com>

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### Walk-On Skating Waiver of Liability

(Must be completed for all Participants)

In consideration of my being permitted to use Spencerville Skating Club's ice time, I have fully read the following Release Agreement ("Agreement") and agree to its terms.

Ice Skater's Name: \_\_\_\_\_ Age (if under 18): \_\_\_\_\_

Name of Parent/Guardian (if under 18): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Telephone: \_\_\_\_\_

SkateCanada Number: \_\_\_\_\_

#### INFORMED CONSENT AND WAIVER OF LIABILITY

I acknowledge and understand that ice skating is a risky and potentially hazardous activity which can result in serious injury to me and/or others. I understand and assume any and all risk and responsibility in any way related directly and/or indirectly to me/my child. I further understand and am aware that there are inherent risks of physical injury and hazards associated with ice skating and do hereby consent to my/my child's participation. Furthermore, I hereby represent that my child and/or I are physically capable of participating in ice skating.

It is understood and agreed that the Spencerville Skating Club shall not be responsible or held liable for any damages, injury, or loss of property to any member, guest or visitor to the Spencerville Skating Club regardless of the reason or nature of such damage, loss or injury. Every member, guest or visitor shall participate in the Spencerville Skating Club on-ice or off-ice activities and use the Club facilities at his or her own risk. The signatory shall indemnify the Spencerville Skating Club and hold them harmless from any claims.

I further acknowledge and agree that I have signed this Agreement on behalf of, and that this Agreement shall be binding upon, my/my child, our other family members, heirs, estates, administrators, assigns and personal representatives.

ACKNOWLEDGE AND AGREED TO this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Participant or Guardian (if under 18)

\_\_\_\_\_  
Print Name of Signer

Fee: \$15 per 50 minutes

Cash Amount paid: \_\_\_\_\_ Authorized SSC Signature: \_\_\_\_\_