

C.A.F.S.C. HOLD HARMLESS AGREEMENT

I give my child/myself, _____, permission to participate in the Cape Ann Figure Skating Club, Inc. program and to be treated by emergency personnel if necessary.

If I can not be reached, please notify _____ phone # _____

I further state that I realize that ice skating is a sport prone to injury and I do not hold the Cape Ann Figure Skating Club, Inc., any of the officers or club professionals, responsible for any injury that may result during this course of time.

Signature of Parent or Legal Guardian _____ date _____

Signature of Skater (if over 18 years of age) _____ date _____

CAFSC RESERVES THE RIGHT TO CANCEL ICE/GROUP DUE TO LOW ENROLLMENT.

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Signature of Parent or Legal Guardian _____ date _____

Signature of Skater (if over 18 years of age) _____ date _____

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