

# **PARENTAL CONSENT AND INDEMNIFICATION AGREEMENT**

I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such "activity". I hereby release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses, or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claims against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasees may incur as the result of any such claim.

Date \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Parent/Guardian

Signature of Parent/Guardian \_\_\_\_\_

## Consent for Medical Attention or Treatment

I certify that I, the member, or I, the parent/guardian of said participant, give my consent to the Smithfield FSC & Learn to Skate Program and the facility the activities are taking place in and their staff and to members of the Smithfield FSC, 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.

\_\_\_\_\_  
Name of 1st Minor Child Member (please print)

\_\_\_\_\_  
Name of 2nd Minor Child Member (please print)

\_\_\_\_\_  
Name(s) of Parent(s)/Guardian(s)  
(please print)

1st Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

2nd Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Name of 1st Adult Member  
(please print)

1st Adult Member Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Name of 2nd Adult Member  
(please print)

2nd Adult Member Signature \_\_\_\_\_ Date \_\_\_\_\_

This Consent for Medical Attention shall be binding and effective for the 2018 - 2019 membership year of Smithfield FSC & Learn to Skate Program.