



I, _____, hereby authorize any physician and/or any member of the medical staff of any hospital or emergency treatment center to render medical treatment*, which in his or her judgment may be deemed necessary in the care of:
 (*Parents are responsible for all medical expenses incurred.)

Name of Skater: _____ Date of Birth: _____

Physician Name: _____ Physician Phone #: _____

Allergies: _____

Medicines currently taking: _____

Outstanding Medical History: _____

Insurance Company: _____

Policy Number & Name of Subscriber: _____

Emergency Contacts: Please list name and phone numbers:

a) _____ tel including area code _____

b) _____ tel including area code _____

c) _____ tel including area code _____

Skater's Signature (18 or over): _____ Date: _____

Parent/Guardian Signature _____ Date: _____
 (if skater under 18)

Waiver Declaration:

In consideration of the privilege of using Parade Ice Garden, and understanding that there are inherent risks in connection with this activity, I (we) hereby assume these risks, waive any possible claim that may arise against the facility(ies), SportQuest Skating Academy, and any of its employees, contractors, affiliated personnel, directors, officers, for any damages or injuries sustained in the course of the activity and I (we) agree to indemnify and save harmless and not to assert a claim or sue for any such.

Skater's Signature (18 or over) _____ Date: _____

Parent's/Guardian Signature _____ Date: _____
 (if skater under 18)

If you have submitted a form previously, you need to submit a form if any of the information above has changed.

**EMERGENCY TREATMENT
RELEASE FORM**