

GSW RACING GUEST WAIVER FORM

NAME: _____

PHONE: _____

EMAIL: _____

YEARS SKATING EXPERIENCE: _____

RELEASE WAIVER:

As a **guest** of **GSW RACING SPEED SKATING CLUB** I agree to:

- 1) A 30-day guest status where I can attend up to 4 practices within those 30 days.*
- 2) Pay a drop-in fee of \$5 at the beginning of each practice I attend during my 30-day guest period.
- 3) Wear athletic attire and shoes during all off-skate training sessions as well as wear an approved helmet at all times on the skate floor, while in skates.
- 4) Have good practice habits and a positive attitude.
- 5) Release **GSW RACING & GRESHAM SKATE WORLD** from ANY liability for any injury received on the premises.
- 6) Understand that if I am not physically and/or mentally fit and/or am unable to follow all instruction as provided, being respectful of the coaching staff, a **GSW RACING** coach may ask me to leave any portion of the practice at any time.

I understand & acknowledge that ROLLER SPEED SKATING is an activity involving significant risk of personal injury. I knowingly & freely assume all risk both known & unknown. I assume full responsibility for my participation, acknowledging these risks. I hereby apply to participate in the **GSW RACING SPEED SKATING SESSIONS**.

I REPRESENT THAT I AM PHYSICALLY FIT AND SUFFICIENTLY PREPARED TO PARTICIPATE IN THIS ACTIVITY.

I hereby agree to release & hold harmless **GRESHAM SKATE WORLD, GSW RACING, THEIR AGENTS, EMPLOYEES AND VOLUNTEERS** from any and all claims for injuries and damages or losses of any kind, which may occur as a result of my participation in these sessions.

I also give my permission for reasonable and necessary care & grant medical release should I be involved in an accident or health-damaging situation requiring medical treatment.

ALL MEDICAL EXPENSES INCURRED WILL BE THE RESPONSIBILITY OF THE PARTICIPANT. NO DROP-IN FEE REFUNDS WILL BE ALLOWED UNDER ANY CIRCUMSTANCES.

*after 30days a guest will be asked to move to membership status paying \$30/mo dues.

Skater Signature: _____ Date: _____

PARENT SIGNATURE (If under 18 years of age)

_____ Date: _____