



## PUGET SOUND SPEEDSKATING CLUB RISK ACKNOWLEDGEMENT AND CONSENT TO PARTICIPATE FORM

I/We wish to participate in the sport of speedskating with the Puget Sound Speedskating Club.

I/We realize that there are numerous risks involved in participating in this sport. These risks could involve, and are not limited to sprains, contusions, broken bones, lacerations, punctures, concussions, permanent disability, internal injuries, paralysis, and possibly death. These risks could impair my/our future abilities to earn a living, engage in business, social, and recreational activities, and to generally enjoy life. I/We have been informed about the various risks associated with my/our participation in the sport and the potential injuries that may occur.

I/We will assume all responsibility and certify that I/we are in good physical condition and I/we are unaware of any medical condition that would inhibit my/our participation.

As a condition of my/our voluntary participation in the above mentioned sport, I/we agree to accept all the previously mentioned risks as a condition of my/our participation.

### **Names of Athletes and Family Members**

### **Circle All that Apply**

- |                        |   |
|------------------------|---|
| 1. Printed Name: _____ | <input type="checkbox"/> Parent <input type="checkbox"/> Athlete <input type="checkbox"/> Minor |
| Signature: _____       | Date: _____   |
| 2. Printed Name: _____ | <input type="checkbox"/> Parent <input type="checkbox"/> Athlete <input type="checkbox"/> Minor |
| Signature: _____       | Date: _____   |
| 3. Printed Name: _____ | <input type="checkbox"/> Parent <input type="checkbox"/> Athlete <input type="checkbox"/> Minor |
| Signature: _____       | Date: _____   |
| 4. Printed Name: _____ | <input type="checkbox"/> Parent <input type="checkbox"/> Athlete <input type="checkbox"/> Minor |
| Signature: _____       | Date: _____   |
| 5. Printed Name: _____ | <input type="checkbox"/> Parent <input type="checkbox"/> Athlete <input type="checkbox"/> Minor |
| Signature: _____       | Date: _____   |
| 6. Printed Name: _____ | <input type="checkbox"/> Parent <input type="checkbox"/> Athlete <input type="checkbox"/> Minor |
| Signature: _____       | Date: _____   |