



EAST PENN SPEED SKATING CLUB (EPSSC) 20\_\_ - 20\_\_ CLUB APPLICATION  
 (Returning skaters need only fill information that has changed from previous year)

Skater Name	Gender	Birthday
Parent/Guardian Name (if under 18)	Home Phone	
Street Address	Cell/Work Phone (please indicate which)	
City; State, ZIP Code	E-Mail	
USS Membership # (all 9 digits)	<i>Additional e-mails (if applicable)</i>	

**WAIVER AND RELEASE**

THIS FORM MUST BE READ AND SIGNED BEFORE PARTICIPANT IS PERMITTED TO TAKE PART IN EAST PENN SPEED SKATING CLUB (EPSSC) ACTIVITIES.

In consideration of my involvement in the sport and activities under the auspices of U.S. Speedskating (USS) and EPSSC, I acknowledge, appreciate, and agree that:

1. I risk serious bodily injury, including paralysis, dismemberment, disability, and death, and while particular rules of my sport, equipment, and personal training and discipline may reduce this risk, this risk of injury does exist, as well as the risk of damage to, or loss of property;
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the released or others;
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual or unnecessary hazard during my presence or participation, I will bring such to the attention of the nearest official; and,
4. I for myself, and on behalf of my heirs, executors, assigns, personal representatives, and next of kin, hereby release, hold harmless, and promise to not sue USS, EPSSC, The Steel Ice Center, and/or other sponsoring organizations, their officers, coaches, volunteers, staff, sponsors, and/or agents ("released") with respect to any and all injury and loss arising from my participation, whether caused by the negligence of the released or otherwise, except that which is the result of gross negligence or wanton misconduct.
5. I do hereby give EPSSC, its assigns, licensees, and legal representatives the irrevocable right to use my name, picture, portrait, or photograph, or audio/video clips of me in all forms and media and in all manners, including composite, for advertising, for publication, or any other lawful purposes, and I waive any right to inspect or approve the finished product, including written copy, which may be created in connection therewith.

I have read this Release of Liability and Waiver Agreement, fully understand its terms and sign it freely and voluntarily.

Participant (Parent/Guardian if under 18) Signature	Date
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 TO BE COMPLETED BY EPSSC OFFICER

Quarter	Payment (Cash/Check#)	Date	Punch Cards	Date Purchased
Fall			20 Pass	
Winter				
Spring				
Summer			10 Pass	