

# XSS Power Waiver Form

Date: \_\_\_\_\_

Skater's First and Last Name: \_\_\_\_\_

## **Refund Information:**

(If this form is emailed, your consent is implied without signature)

No refunds will be issued once the first lesson for the program has commenced except for medical reasons or injury, which will require a doctor's certificate. Refunds will be pro-rated for the program fees only.

No refunds will be issued for membership or insurance fees.

Initials: \_\_\_\_\_

## **Insurance, Liability Waiver and Release:**

(If this form is emailed, your consent is implied without signature)

It is understood and agreed, as a condition of participation in the skating program offered by Sandy Kaine, and her associated coaches, that neither Sandy Kaine nor her associate coaches shall be liable for any injury, loss or damage suffered by the above-noted member while traveling to and from or while participating in skating practice, drills or other activities, however caused.

It is further agreed that neither Sandy Kaine or her associate coaches is/are responsible for any injury, loss, or damage caused by the member while traveling to and from or while participating in the said practice, drills or other activities.

The member, or his/her parent/legal guardian who has signed this form, shall indemnify Sandy Kaine or her associate coaches and hold them harmless from any claims, demand or actions arising from or in respect of such injury, loss or damage

Initials: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Please return completed forms before the first ice time to:

**Sandy Kaine**

**161 Gleneagles View**

**Cochrane, Alberta T4C 1W2**