

# TEAM LEADER RELEASE FORM 2007-2008

## United States Figure Skating Team

Name of Participant:

Name of Parent/Guardian:  
(applicable only if competitor is under the age of 18)

Name of Competition:

Date of Competition:

Name of Team Leader:

Name of Asst. Team Leader:

Name of Team Physician:

Name of Team Physiotherapist:

The COMPETITOR has been selected by The United States Figure Skating Association (U.S. Figure Skating) to compete in the Competition identified above. While traveling to and from, and for the duration of the competition, COMPETITOR will be chaperoned by and subject to the authority of the above-named Team Leader, if traveling without parent(s) or guardian, in matters relating to COMPETITOR'S travel, conduct, and participation in the named competition. COMPETITOR recognizes that, in the event of COMPETITOR'S illness, injury, or other emergent circumstances, the Team Leader may have to make judgments pertaining to COMPETITOR'S treatment, hospitalization, or other care.

COMPETITOR agrees that the Team Leader may make judgments (with appropriate input from available Team medical personnel) as to the Competitor's treatment, hospitalization, or other care in the event of COMPETITOR'S disability or incompetence to make appropriate decisions concerning such treatment, hospitalization, or other care as though the Team Leader stood in a relationship of parent or guardian to COMPETITOR should circumstances require the Team Leader to make such judgments and COMPETITOR'S parents or guardians cannot be timely and conveniently contacted to participate in the making of such judgments, and COMPETITOR appoints the Team Leader to act in such capacity if such circumstances arise.

COMPETITOR acknowledges that he/she understands the U.S. Figure Skating's General Rules and Regulations, responsibilities and conditions governing the Team's travel, conduct, and participation in connection with the Competition and COMPETITOR accepts and agrees to abide by the same and by the authority vested in the Team Leader with respect to such matters. COMPETITOR agrees that the COMPETITOR will be financially responsible for treatment, hospitalization or other care rendered to COMPETITOR in the event of COMPETITOR'S illness, injury or other emergent circumstances in connection with the Competition, that COMPETITOR will indemnify and hold harmless U.S. Figure Skating from and against any such responsibilities, and COMPETITOR confirms that COMPETITOR has adequate health and accident insurance coverage for COMPETITOR'S financial responsibilities in this regard.

COMPETITOR understands and agrees that injuries may occur in the course of any athletic activity and COMPETITOR specifically assumes all risks of any injury to COMPETITOR'S person or property resulting from, caused by and occurring in connection with the preparation for, travel to and from and participation in the Competition.

In consideration of COMPETITOR'S selection to and becoming a member of the U.S. Figure Skating Team for the Competition, as a condition of and in consideration of the acceptance of COMPETITOR'S entry to and participation in the Competition and by COMPETITOR'S signature hereto, COMPETITOR does hereby waive and release any officials, U.S. Figure Skating, any club organization hosting the Competition and their respective members, directors, officers, employees and agents, including the Team Leader(s), Team Physician and Physiotherapist, from and against any liabilities, losses, damages, injuries, claims, demands and causes of action (including any and all costs and expenses associated therewith) resulting from, caused or occasioned by or in any manner connected with the conduct and management of the Competition, COMPETITOR'S preparation for, travel to and from and participation in the Competition, and any decision or action taken by the Team Leader(s) concerning COMPETITOR'S conduct as a member of the U.S. Figure Skating Team based upon or arising out of the Team Leader's good-faith judgments made concerning treatment, hospitalization and care in the event of COMPETITOR'S illness, injury or other emergent circumstances in connection with the Competition and COMPETITOR'S participation therein, except as may result from the negligence or willful misconduct of any person or entity otherwise hereinabove released, protected and indemnified.

For all purposes of this release, the term "COMPETITOR" shall mean and include COMPETITOR and parents or guardian in the event COMPETITOR is a minor.

I/we have read this Release and understand its meaning.

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Competitor's Signature

Date:

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Signature of Parent/Guardian (if COMPETITOR is under the age of 18)

Date

**PLEASE RETURN VIA FAX TO JULIE SCHMITZ AT 719.635.9548**

**THANK YOU.**