



**Consent for Medical Attention or Treatment  
Photo Release  
July 1, 2018 – June 30, 2019**

**Everett Figure Skating Club  
P.O. Box 12997  
Everett, WA 98206**

**CONSENT FOR MEDICAL ATTENTION OR TREATMENT:** I certify that I, the member, or I, the parent/guardian of said participant, give my consent to EFSC and the facility the activities are taking place in and their staff and to members of EFSC, their Board of Directors, Xfinity Community Ice Rink, Xfinity Arena at Everett and volunteers to obtain medical care from any licensed physician, hospital or clinic, including transportation and emergency medical services, for myself/ourselves and/or said participant for any injury that could arise from participation in these activities.

This Consent for Medical Attention or Treatment shall be binding and effective for the July 1, 2018 - June 30, 2019 membership year of Everett Figure Skating Club.

I ACCEPT                       I DECLINE

**PHOTO RELEASE:** I acknowledge that during the course of participation in any Everett Figure Skating Club ("EFSC") activities, EFSC may take photographs, audio recordings and/or video recordings of EFSC members. I hereby grant EFSC permission to use any and all such photographs or audio or video recordings of the participants for advertising, promotional or educational purposes. Such use may include publication in programs, advertising, posters, flyers, radio, television or other methods, and may be seen or heard by large numbers of individuals, including potential members of the EFSC. I waive all rights to any financial remuneration of any such use.

I ACCEPT                       I DECLINE

*By signing below I attest that I have read the information contained herein and agree to the contents of ONE OR BOTH; Consent for Medical Attention or Treatment and/or Photo Release.*

<b>Senior Skater or Parent/Guardian*</b> <small>Signature Required</small>	<b>Printed Name:</b>
	<b>Signature:</b> _____ <b>Date:</b> _____
<small>*This applicant signs as the Parent or Legal Guardian for any Junior/minor applicants included herein. Please print the names of all Junior applicants in the correct space(s) below. All other Senior (ages 18 and above) applicants must print, sign and date in the appropriate sections below.</small>	
<b>Additional Family Member</b>	<b>Printed Name:</b>
<b>Additional Family Member</b>	<b>Printed Name:</b>
<b>Additional Family Member</b>	<b>Printed Name:</b>