

HAYDENETTES JUNIOR ELITE CAMP 2018
Authorization to Treat, Release & Indemnify: Form A
To be completed by Parent or Legal Guardian if under 18 years old

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT
ASSUMPTION OF RISK, RELEASE AND INDEMNIFICATION

In consideration of the opportunity to participate in The HAYDENETTES JUNIOR ELITE CAMP 2018 ("JUNIOR ELITE 2018"), the undersigned (and his/her undersigned parent or guardian, if applicable), individually, and on behalf of his/her heirs, personal representatives, administrators, agents, successors and assigns (collectively referred to herein as "Participant"), AGREES TO ASSUME THE RISK AND RESPONSIBILITY, TO RELEASE AND TO INDEMNIFY The Hayden Synchronized Skating Teams ["HSST"], its directors, officers, members, employees, officials, committees, clubs, affiliates, representatives, agents, successors and assigns, including the host club and any other entity responsible for the hosting and/or conduct of the JUNIOR ELITE 2018 Event, as follows:

1. Assumption of Risk and Responsibility.

Participant understands and appreciates the risks of injury that may occur in ice skating or in the course of preparing for, participating in and traveling to or from the JUNIOR ELITE 2018 Event, acknowledges that Participant voluntarily engages in such activities with adequate knowledge of such risks and agrees that Participant assumes all legal and financial responsibility for (a) any and all injuries or damages, whether to person or property, that Participant may in any manner sustain in connection therewith or the conduct and management of the JUNIOR ELITE 2018 Event, including such injury or damage that may result from the negligence of HSST or from some other cause and (b) subject to any applicable insurance coverage, all treatment, hospitalization and other care rendered to Participant in the event of Participant's illness, injury or other emergent circumstance in connection with Participant's participation in the JUNIOR ELITE 2018 Event.

2. Medical Treatment, Conditions and Consents.

Participant recognizes that, in the event of his/her illness, injury, or medical or other emergent circumstances while participating in and traveling to or from the JUNIOR ELITE 2018 Event, and if Participant is disabled or incompetent to make appropriate decisions concerning treatment thereof (and, in the case that Participant is a minor, Participant's parent or legal guardian cannot be timely and conveniently contacted to participate in the making of necessary decisions), HSST Representatives may have to make decisions and take necessary and appropriate action, with input from available medical personnel (and HSST coaches, if they deem it reasonable and appropriate), pertaining to Participant's treatment, hospitalization, or other care, and Participant agrees and consents thereto. In addition, in conjunction with Participant's participation in the JUNIOR ELITE 2018 Event, I further authorize and consent to the release of any pertinent medical information and records regarding the treatment, diagnosis, and/or examination of myself to HSST.

3. Release and Indemnification.

Participant hereby fully and forever releases, discharges, holds harmless and agrees to indemnify HSST from and against any and all liabilities, claims, demands, litigation, damages and judgments, present or future, known or unknown, valid or invalid, direct or consequential, together with reasonable costs and attorney fees, which result directly or indirectly from damages, losses, injuries or death to Participant, Participant's property, or to other persons or property incurred during or in connection with any activities associated with or being a part of the JUNIOR ELITE 2018 Event and the conduct and management thereof, including any participation, travel or medical treatment, hospitalization or other care rendered in connection with the Event, whether such loss, damage, injury or death results from the negligence (other than in the case of gross negligence) of HSST or from some other cause.

Printed Name of Participant/Skater

Printed Name of Parent or Guardian

Signature of Parent or Guardian

Date

