

Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement, and Consent for Medical Treatment Agreement ("Agreement")

In consideration of participating in figure skating activities ("activity"), I represent that I, and/or my minor child, understand the nature of figure skating activities and that I, and/or my minor child, am qualified, in good health and in proper physical condition to participate in such activity. I acknowledge that if I believe conditions are unsafe, I, and/or my minor child, will immediately discontinue participation in the activity.

I fully understand that this activity involves risk of serious bodily injury, including permanent disability, paralysis, and death, which may be caused by my own actions, or inactions, those of others participating in the activity, the conditions in which the activity takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation in the activity.

I consent to the use of a Jump Harness ("harness") during this activity. I have inspected the harness and the related apparatus. I understand the belt will be attached to the skater in order to enable a skating instructor to lift skater three to five feet off the ice surface, to be pulled along and then lifted during the jump. The rope/pulley, which is part of the harness apparatus, is attached to a wire that is stretched over the ice surface.

South Carolina Figure Skating Club has the right, but not the obligation, to provide rules, regulations, and/or ice monitors for Club Ice. We hereby acknowledge that South Carolina Figure Skating Club shall not be responsible for the supervision of the members at Club Ice.

Consent and Indemnification Agreement

I hereby release, discharge, and covenant not to sue South Carolina Figure Skating Club, United States Figure Skating, FLIGHT FIT N FUN (IRMO) LLC D/B/A PLEX INDOOR SPORTS D/B/A FLIGHT FIT N' FUN IRMO, FLIGHT HOLDING COMPANY LLC, ABC FLIGHT COMPANY LLC, ABC FLIGHT PARENT COMPANY LLC and their respective and collective agents, owners, operators, directors, administrators, sponsors, officers, managers, shareholders, affiliates (or any entity affiliated with Flight Fit N' Fun), volunteers, participants, employees, staff, insurers, coaches, officials, instructors, trainers, clubs, third party administrators, claims adjusters, successors, predecessors-in-interest, sponsors, manufacturers, contractors, inspectors, trade associations, sanctioning bodies, landlords, lessors of premises, lenders and all other persons or entities acting in any capacity on their respective or collective behalf (each considered on the "Releasees" herein) from all liability, claim, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations; and I further agree that if, despite this release, waiver of liability, and assumption of risk, I, or anyone else on my or my minor child's behalf, makes a claim

against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost which any may incur as the result of such claim.

Waiver and Release of Liability, Assumption of Risk and Indemnity

I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, and fully understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

Participant/Parental Consent for Medical Treatment/Transportation

I certify that I, the member, or I, the parent/guardian of said participant, give my consent to the South Carolina Figure Skating Club and the facility the activities are taking place in and their staff and members of the South Carolina Figure Skating Club, their Board of Directors 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 shall be binding and effective for the 2022-2023 and 2023-2034 membership year of the South Carolina Figure Skating Club.

Please enter the participant’s name below and have the parent/guardian sign for a minor under the age of 18 years old.

Printed Name of Participant

Signature of Participant (Parent/Guardian if under 18)

Date