



2011-2012 Ensemble Application

\$105 Participation Fee* (Additional \$15 exhibition fee* for non TFST members)

Skater's Name _____ Phone _____

Parent(s) Name _____ Cell Phone _____

Address _____

Email Address _____ ISI # _____

Age as of 7/1/11 _____ Birthdate _____ Emergency Contact Name & Phone _____

Commitment, Waiver and Release of All Claims & Photography/Video

Please read this form carefully and be aware that in registering yourself or your minor child for full participation in the above program, you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of above program, and allowing TFST to use photographs of participants.

By being a member of TFST's Ensemble Group I understand that my full participation is vital to the success of the program. Therefore, I am committed to attending all scheduled practices and the exhibition. I further agree to skate as directed by the Ensemble Group Coach(es).

"I recognize and acknowledge that there are certain risks of serious injury to participants in the above program and I agree to assume the full risk of any injuries, damages or loss regardless of severity which I or my child/ward may sustain as a result of participating in any activities connected or associated with any such program. I agree to waive and relinquish all claims I or my child/ward may have as a result of participating in the above program against Talbot Figure Skating Team and Talbot County Community Center and their officers, directors, shareholders, agents, servants, and employees from any and all claims from injuries, damages or loss which I or my child/ward may have or which may accrue to me or my child/ward on account of my participation or the participation of my child/ward in the above program. I further agree on to indemnify and hold harmless and defend Talbot Figure Skating Team and Talbot County Community Center and their officers, directors, shareholders, agents, servants, and employees from any and all claims from injuries, damages or loss which I or my child/ward may have or which may accrue to me or my child/ward on account of my participation or the participation of my child/ward in the above programs. In the event of an emergency. I authorize Talbot Figure Skating Team officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my child/ward's immediate care and agree that I will be responsible for full payment of any and all medical services rendered."

From time to time photographs, videos, and/or audio clips may be taken of youth engaged in Talbot Figure Skating Team activities. The Talbot Figure Skating Team requests the right to use all photos, videos, and/or audio clips taken of Team activities. I agree and consent to allow the Talbot Figure Skating Team to use photos, videos and/or audio clips of my figure skater participating in Talbot Figure Skating Team activities.

I have read and fully understand the above program details and waiver and release of all claims.

Signature _____ Date _____

Payment Received: \$105 TFST Member Fee \$120 Non-Member Cash Check # _____

Checks are payable to "TFST"

*Once Talbot Ensemble practices have begun, fees are non-refundable. Current fees are based on a minimum of 17 skaters participating in the 8 week session. TFST reserves the right to cancel this program should less than 17 skaters participate in which case a refund will be given after expenses of ice and coaches are covered.