

**Administrator Kent Skating Club**  
**P.O. Box 1122**  
**Kent, Ohio 44240**

**EMERGENCY MEDICAL RELEASE – Part I**

I, \_\_\_\_\_, of \_\_\_\_\_ am the \_\_\_\_\_  
*(Parent / Guardian full name)* *(Address)* *(Father, Mother, Guardian)*

of \_\_\_\_\_, a minor, of \_\_\_\_\_, I hereby give my  
*(Child's Name)* *(Child's Address)*

consent, in the event that all reasonable attempts to contact me at \_\_\_\_\_, or  
*(Phone Number)*

\_\_\_\_\_ at \_\_\_\_\_ have been unsuccessful for: 1) the  
*(Other Parent or Guardian)* *(Phone Number)*

administration of any treatment deemed necessary by Dr. \_\_\_\_\_,  
*(Preferred Physician)* *(Phone Number)*

or Dr. \_\_\_\_\_; or in the event that the appropriate preferred  
*(Preferred Dentist)* *(Phone number)*

practitioner is not available, by a licensed dentist, and 2.) The transfer of the child to \_\_\_\_\_  
*(Preferred Hospital)*

or any hospital reasonably accessible. The child is covered under the following Medical Insurance

Company: \_\_\_\_\_ and Policy Number : \_\_\_\_\_.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concurring in the necessity of such surgery. The following information is needed by any hospital or practitioner not having access to the child's medical history:

Allergies: \_\_\_\_\_ Medication being taken : \_\_\_\_\_

Date of last tetanus shot : \_\_\_\_\_

Physical impairments ( Heart, epilepsy, etc.) : \_\_\_\_\_

Other pertinent facts to which a physician should be alerted : \_\_\_\_\_

\_\_\_\_\_  
Parent / Guardian Signature : \_\_\_\_\_ Date : \_\_\_\_\_

**HOLD HARMLESS AGREEMENT – Part II**

The Kent Skating Club, its members, employees, professionals, coaches, and agents, assume no responsibility for injuries incurred during the use of KSU Ice Arena facilities. As in any athletic program, the possibility of injury exists, but reasonable precautions will be made to prevent injuries before they happen.

The undersigned parent(s) and or guardians(s) of the below designated minor, hereby agree, jointly and severally, to hold the Kent Skating Club, its members, employees, professionals, coaches and agents, harmless for any injury sustained by said minor in the courses of instruction and/or use of Kent Skating Club ice; and said persons hereby, jointly and severally, waive their right to bring any action against the Kent Skating Club or any of the above named persons in the event of any injury sustained by said minor.

DESIGNATED MINOR'S NAME: \_\_\_\_\_

Parent / Guardian Signature : \_\_\_\_\_  
*(Mother / Guardian )* *(Father / Guardian)*

Skater's Signature : \_\_\_\_\_ Date : \_\_\_\_\_