

ACCESS Skating Event Participant Waiver

In consideration of my child(ren)'s entry in the **ACCESS Auction Night Skating Event** on **April 6th, 2019**, at Oaks Park Skating Rink, sponsored by the ACCESS Foundation, I, the undersigned, intending to be legally bound, do hereby for child participant(s) and heirs executors, administrators and assigns, forever waive, release and discharge any and all right, claims and actions for damages that I or said child participant(s) may have or that may hereafter accrue to me against the ACCESS PTA and ACCESS Foundation, including all unit, council and district organizations and all of their officers, directors, members and volunteers.

I attest and verify that my child/children are physically fit and able to participate in this event and acknowledge that I am aware of the inherent risk in participating in an event of this type.

Child #1: _____ Age/Grade: _____

Child #2: _____ Age/Grade: _____

Child #3: _____ Age/Grade: _____

Parent/Guardian Name (Please Print)

Relationship to Child

Parent/Guardian Signature

Date

Email address (required for verifying skate tickets): _____

Phone # where you can be reached DURING the skating event: _____

Will you be at the Auction? Yes No

Will you be picking up your child from the skating event? Yes No

If No, the person picking up your child(ren) is:

Name

Phone Number

Additional comments or medical concerns:

