



Carleton Place Skating Club
P.O. Box 91, Carleton Place Ontario, Canada K7C 3P1
www.cpskate.ca

Bring a friend skate FORM

SKATER'S NAME: _____

DATE: _____

ADDRESS: _____

TELEPHONE: _____

SESSION SKATED:

Waiver of Liability:

The undersigned skater (if of age of majority)/parent/guardian, hereby agrees to hold and save harmless the Carleton Place Skating Club, all officers, directors, executive members, committee members and coaches from any claims for injuries, damage, loss of any kind, whatsoever, however or wherever caused and the aforesaid jointly and severally are all released by the undersigned from any such claims. The undersigned also agrees to abide by all Skate Canada rules in effect and as amended from time to time.

Signature: _____

Date: _____