



Mission Skating Club
P.O. Box 3337
Mission, BC V2V 4J5
604-826-9373
www.missionskatingclub.com

Photograph / Media / Liability Waiver and Release Form

Skater: _____

Skate Canada # _____

(To be completed by MSC Registrar)

Address: _____

City: _____

Postal Code: _____

Birthdate: _____

Male___ **Female**___

Phone Number: _____

Email Address: _____

I hereby release the Mission Figure Skating Club Society, its members, directors, agents, employees, licensees and assigns from and against any and all claims which I have or may have. I fully understand that the Mission Figure Skating Club is not responsible for any loss, injury or damage sustained as a result of any of the Club's activities or programs.

Also, I hereby consent to the collection and use of my child's personal images by photography or video recording. I acknowledge these may be used on the Mission Skating Club website, in social media, in newsletters and publications as well as distributed to members. I further acknowledge that my child's image may be used by the Mission Skating Club and media to promote skating in the future. I understand that no personal information, such as names, will be used in any publications unless express consent is given.

I give this consent voluntarily.

Dated on _____, _____ in Mission, British Columbia, Canada

Signature of Parent/Guardian

(Printed name of person giving consent & parent /guardian if under 18 years of age)