



# INDIVIDUAL MEMBERSHIP APPLICATION FOR USE BY ISI CLUBS REGISTERING SKATERS and CLUB LIABILITY IN BULK

MEMBERSHIP TERM(S) SEPTEMBER 1 – AUGUST 31

**Please note: This form is to be returned to Viking Skating Club. VSC will bundle all skater applications and send to ISI.**

(Please Print)

ISI Number \_\_\_\_\_ Rink, Club, or Skating School represented Viking Skating Club

(Note: VSC will add skater ISI #)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Phone Number \_\_\_\_\_

Birthdate \_\_\_\_\_ Gender (please circle) Male Female

Email address \_\_\_\_\_

In consideration of being allowed to participate in the ISI Recreational Ice Skating Program, I acknowledge, and agree that: I understand and accept the risk of injury resulting from participation. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS and, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS the ISI, their officers, officials, agents and/or employees, instructors, coaches, other participants, sponsoring agencies, sponsors, advertisers, owners and lessors of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, loss or damage to person or property associated with my participation, to the fullest extent permitted by law.

Note: In addition to this ISI Liability statement, VSC has its own Liability Waiver Form that must also be signed.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parents/Guardians Signature \_\_\_\_\_ Date \_\_\_\_\_  
(for participants under the age of 18)

Print Participant's, Parent's or Guardian's Name \_\_\_\_\_