

IndySpeed Sports Club, Inc

2011-2012 Season Membership Application and Waiver Form

Full Name _____ Age _____ Date of Birth _____

Home Address _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-Mail Address _____

Emergency Contact _____ Relationship _____

Phone # _____ Pager # _____ Cell Phone _____

Health Insurance Provider _____ Policy Number _____

Please indicate any pertinent medical history: _____

Medications: _____

Allergies: _____

Permission for Emergency Care:

I _____, request that should I require medical attention and am unable to speak for myself, that I wish to be admitted to any hospital or medical facility for diagnosis and treatment should the need arise. In case of injury, accident or illness, I authorize the on-site staff and volunteers to provide appropriate medical assistance or if any emergency transport is deemed necessary, I authorize the same to summon an ambulance to transport the participant to the hospital or nearest facility. I also understand that if ambulance transport or emergency treatment is deemed necessary. I request and authorized physicians, athletic trainers, technicians, first aid personnel, nurses, to perform any diagnostic procedures, treatment procedures, operative procedures, and x-rays of the above. I have been given no guarantee as to the results of examination or treatment. I and or our insurance carrier accept any and all responsibility for all costs associated with the medical care of the above participant. I will notify INDYSpeed Sports Club, inc. if at any time our medical insurance provider changes while participating in activities involving INDYSpeed Sports Club, inc.

DATE: _____

SIGNATURE OF PARTICIPANT: _____

DATE: _____

SIGNATURE OF GUARDIAN IF PARTICIPANT IS A MINOR: _____

My signature indicates that I've read and understand the above

Annual Membership fees: _____ \$50 per Individual,
_____ \$100 per Family

INDYSpeed Sports Club
7425 Noel Rd.
Indianapolis, IN 46278
www.IndySpeed.org

Attach additional forms for each family member.
Make Check Payable to IndySpeed Sports Club

RELEASE FORM

The undersigned hereby,

ACKNOWLEDGE AND FULLY UNDERSTAND THAT EACH PARTICIPANT IS VOLUNTARILY ENGAGING IN ACTIVITIES THAT INVOLVE RISK OR INJURY (EVEN CATASTROPHIC INJURY OR DEATH) which might result not only from their own actions, inactions or negligence, but the actions, inactions or negligence of others, the rules, the conditions of the premises or any of the equipment used, and that further, there may be a risk not known to the organizers or not reasonably foreseeable at this time. These risks may include, but are not limited to the following: Collisions with the wall of the rink, either covered or not covered by mats, mats that may move, collisions with other skaters or riders, cuts from my own skate's blades or skates of others, tripping over track markers, falling on debris on the ice, inadequate safety equipment, road hazards, dogs, motor vehicles, flat tires, the released parties own negligence.

Acknowledge that Skating (both ice and in-line) and cycling are inherently dangerous sports and fully realize the dangers of participation in skating and or cycling activities and **FULLY ASSUME ALL THE RISKS AS A CONDITION OF PARTICIPATION AND ACCEPT PERSONAL RESPONSIBILITY FOR THE DAMAGES FOLLOWING AND SUCH INJURY.**

INTENDING TO BE LEGALLY BOUND, THEREBY DOES HEREBY RELEASE, WAIVE, UNCONDITIONAL DISCHARGE, HOLD HARMLESS AND PROMISE NOT TO SUE The sponsors, the coaches, INDY PARKS, U.S. Speed Skating, U.S.A Cycling, organizers, administrators, officers, directors, agents and other employees or volunteers of the organization for any and all liability to each the undersigned, his or her heirs and next of kin for any claims, demands, losses for damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence to the released or otherwise in connection with association or entry in and / or arising in participation in any or all official or unofficial activities, events or competitions dealing with **INDYSpeed Sports Club, inc.**

Agree to the sole responsibility to be familiar with the facilities for training and competition, rules and any special regulations for any events I am attending. I understand and agree that situations may arise during the activity, which may be beyond the immediate control of officials, coaches or organizers, and I must continually skate so as to neither endanger others nor myself. I accept responsibility for the condition and adequacy of my equipment and or equipment loaned to me by **INDYSpeed Sports Club, inc.** I understand that membership in **INDYSpeed Sports Club, inc.** is a privilege and that membership can be declined and / or revoked. I will participate wearing a helmet which satisfies the requirements of U.S Speedskating's and /or USA Cycling's racing rules and that can protect against serious head injury, and assume all responsibility and liability for the selection of such a helmet. I have no physical or medical condition which to my knowledge, would endanger myself or others if I participate in the activities provided by **INDYSpeed Sports Club, inc.**, or would interfere with my ability to participate. I hereby consent to accept responsibility for final decisions regarding continued participation if suffering from injuries.

THE UNDERSIGNED HAS READ AND UNDERSTANDS THIS DOCUMENT AND UNDERSTANDS THAT HE/SHE HAS GIVEN UP SUBTANTIAL RIGHTS BY SIGNING, AND SIGN IT VOLUNTARILY.

SIGNATURE OF PARTICIPANT: DATE: _____

SIGNATURE OF GUARDIAN IF PARTICIPANT IS A MINOR: DATE: _____

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Indianapolis, IN 46278
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