

# Findlay Silver Blades Figure Skating Club Concussion Agreement AND Photo Release Form

It is important for skaters and their parents/legal guardians to recognize and respond to the signs and symptoms of a concussion. By signing this form, you are stating that you understand this importance.

This form must be submitted for each skater, every skating season, before s/he is allowed to take part in any ice time offered by the Findlay Silver Blades Figure Skating Club.

I, \_\_\_\_\_, parent/guardian of the following skater(s):  
(Parent/Guardian Printed Name)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Skater Printed Name) (Skater Printed Name) (Skater Printed Name)

Affirm that I:

1. Have read the Youth Sports Organization Concussion Information Sheet, and understand the signs and symptoms of a concussion, as well as the possible consequences of my skater returning too soon.
2. Have read and agree to the Findlay Silver Blades Figure Skating Club Injury Policy.
3. Understand that if my skater shows signs or symptoms of a concussion:
  - a. It is my responsibility to seek treatment for her/him.
  - b. S/he may not return to the ice the same day that s/he is removed from the ice.
  - c. S/he may not return to the ice before written release from a physician qualified to evaluate concussions has been approved by the Findlay Silver Blades Figure Skating Club Executive Committee.
  - d. I am solely responsible for enforcing any restrictions detailed in the physician's release.
4. Understand that the liability waiver, contained within the Findlay Silver Blades Figure Skating Club Membership Agreement, remains in effect after my skater's return to the ice.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**\* EITHER PART I OR PART II MUST BE COMPLETED \***

## PART I – GRANT CONSENT

I, \_\_\_\_\_, **DO** authorize to Findlay Silver Blades Figure Skating Club and its representatives the right to  
(Parent/Guardian Printed Name)  
take photographs of me, my property and my skaters, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(Skater Printed Name) (Skater Printed Name) (Skater Printed Name)

I **DO** authorize Findlay Silver Blades Figure Skating Club, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Findlay Silver Blades Figure Skating Club may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## PART II – REFUSE TO CONSENT

I, \_\_\_\_\_, **DO NOT** authorize Findlay Silver Blades Figure Skating Club and its representatives the right  
(Parent/Guardian Printed Name)  
to take photographs of me, my property and my skaters, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(Skater Printed Name) (Skater Printed Name) (Skater Printed Name)

I **DO NOT** authorize Findlay Silver Blades Figure Skating Club, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I have read and understand the above:

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_