



100% Skate Club – Personal Info Waiver

Participants Contact Info:

NAME: _____

CELL: _____

EMAIL: _____

Emergency Contact Info:

NAME: _____

RELATIONSHIP: _____

CELL: _____

Health Conditions: (Ex: Asthma, allergies, diabetes, etc.)

Media/Photo Release:

I _____, give my consent to 100% Skate Club to post or display any photos of Myself or my Child while attending an 100% session on the 100% Skate Club social media outlets or on Marlene Hielema's personal accounts.

SIGNATURE OF SKATER: _____

SIGNATURE OF PARTENT/GURADRIAN (Under 18): _____

WITNESS NAME: _____

SIGNATURE: _____

BY FILLING OUT & SIGNING THE WAIVER, I agree and allow 100% Skate Club to send you email notifications for upcoming events or activities for the benefit of you and Skate Club. 100% Skate Club uses your information only for the benefit of Skate Club or in the case of an emergency. 100% Skate Club will not sell or share your personal information to anyone else. If you choose to not want to receive information or be part of Skate Clubs upcoming events, send us an email: 100percentskateclub@gmail.ca Or speak with Erica and Marlene directly.