

EDINGERS EDGE

ON-ICE Performance Program

Liability Waiver & Release

I _____, hereby understand and agree that Edingers Edge performance program, it's staff and or facilities used shall in no way be held responsible or liable for any injury suffered while attending sessions of Edingers Edge. I give my permission for Edingers Edge performance program to act for me in any emergency requiring medical attention. I will be responsible for any medical or other charges in connection with his/her attendance at Edingers Edge performance program. I attest that the applicant is in good health and is able to participate in the physical activity of these intensified programs.

Medical Insurance:

Policy #

Phone:

_____ Signature (parent/Guardian)

Date: _____