

**AUTHORIZATION AND CONSENT FOR
EMERGENCY MEDICAL CARE**

2020-21 Competition Season

The undersigned provides this Authorization and Consent for Emergency Medical Care in consideration of the opportunity to participate in U.S. Figure Skating sanctioned events and activities during the 2020-21 U.S. Figure Skating Competition Season (“Events and Activities”).

In the event of illness, injury or medical or other emergency circumstances while participating in any of the Events and Activities, and if I am disabled or incompetent to make appropriate decisions concerning treatment thereof (and in the case that participant is a minor and minor’s parent or legal guardian cannot be timely contacted to participate in the making of necessary decisions), I, the participant, or if participant is a minor, I as the parent/guardian of said participant, give my consent to U.S. Figure Skating, its agents, officials, employees, volunteers, clubs, instructors, and trainers, , and the agents, officials, employees, volunteers, instructors, and trainers at the facility where any of the Events and Activities are taking place, to obtain emergency medical care from any licensed physician, hospital or clinic, including transportation and emergency medical service for myself/ourselves and/or said participant for any injury or illness that could arise from participation in the Events and Activities.

In addition, in conjunction with participation in the Events and Activities, I acknowledge the provisions of and, if circumstances warrant, consent to the implementation of the procedures and precautions contained in U.S. Figure Skating’s Blood-Borne Pathogen Procedures. I further authorize and consent to the release of any pertinent medical information and records regarding my treatment, diagnosis and/or examination to the U.S. Figure Skating Sports Medicine Committee and the Medical Committee Staff of the Events and Activities in which I am participating.

Signature of Parent/Guardian
(if Participant is under 18)

Date

Print Name of Parent/Guardian

Signature of Participant/Skater

Date

Print Name of Participant/Skater

