



Gliding Stars of Toledo
PO Box 751
Sylvania, Ohio 43560-0751

www.glidingstarstoledo.org

419-304-4324

Volunteer Registration Form 2023 – 2024

Last Name:		First Name:	
Email:		Years with GS:	
Address:		City:	Zip Code:
Phone:		Date of Birth:	

Skating Ability: (please indicate): Advanced ____ Intermediate ____ Beginner ____
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Emergency Contact Information	
Name:	Relationship to Volunteer:
Email:	Phone:

Place of Employment / School: (please indicate grade in school if applicable)

Agreement/Permission Statement:

(Words enclosed in brackets are for a parent or guardian of participants who are under age 18 and/or require such additional permission).

I agree *[give my permission for the volunteer listed on this form]* to participate with Gliding Stars in weekly adaptive ice skating sessions and the Ice show at the conclusion of the program season ("Activity"), and to cooperate fully with those in charge of each session or event that are part of the Activity. I agree *[give my permission for the volunteer listed on this form]* to be photographed, videotaped, or interviewed by any television, radio, newspaper, magazine, private person or group, and that the gathered material may be transmitted by electronic media or otherwise used in Gliding Stars published materials or in other ways for the enhancement of the Gliding Stars program. I understand *[on behalf of the volunteer listed on this form]* that ice skating involves some physical risk and I assume all risk for property damage, personal injury or death to the volunteer as a result of or in connection with the Activity and my and the skater's use of the Property. I agree *[on behalf of the skater listed on this form]* to indemnify, defend, and hold harmless the Gliding Stars from and against, any and all loss, liability, damage, claim, expense, fines, penalty, interest, cost, or other obligation of any nature, and injury to or death of any person, or for loss or damage to any property, arising as a result of or in connection with the Activity or my use or use by the skater of the Property. **NO PORTION OF THE ABOVE CAN BE CROSSED OUT OR ALTERED.**

Volunteer Name (please print):	Date:
Volunteer Signature:	

If you are under the age of 18, please complete the following Parent/Guardian Information:

Volunteer Name:

Parent / Guardian Name:

Address: (if different than volunteer's):

City:

Zip Code:

Phone:

Email:

Agreement/Permission Statement:

(Words enclosed in brackets are for a parent or guardian of participants who are under age 18 and/or require such additional permission.)

I agree *[give my permission for the volunteer listed on this form]* to participate with Gliding Stars in weekly adaptive ice skating sessions and the Ice show at the conclusion of the program season ("Activity"), and to cooperate fully with those in charge of each session or event that are part of the Activity. I agree *[give my permission for the volunteer listed on this form]* to be photographed, videotaped, or interviewed by any television, radio, newspaper, magazine, private person or group, and that the gathered material may be transmitted by electronic media or otherwise used in Gliding Stars published materials or in other ways for the enhancement of the Gliding Stars program. I understand *[on behalf of the volunteer listed on this form]* that ice skating involves some physical risk and I assume all risk for property damage, personal injury or death to the volunteer as a result of or in connection with the Activity and my and the skater's use of the Property. I agree *[on behalf of the skater listed on this form]* to indemnify, defend, and hold harmless the Gliding Stars from and against, any and all loss, liability, damage, claim, expense, fines, penalty, interest, cost, or other obligation of any nature, and injury to or death of any person, or for loss or damage to any property, arising as a result of or in connection with the Activity or my use or use by the skater of the Property. **NO PORTION OF THE ABOVE CAN BE CROSSED OUT OR ALTERED.**

Parent/Guardian Name (If under the age of 18 and/or require such additional permission):

Parent/Guardian Signature (If under the age of 18 and/or require such additional permission):