

# SKATING CLUB OF JACKSON HOLE GUEST COACH AGREEMENT

This form must be filled out completely and approved by the Skating Club of Jackson Hole (SCJH) Board of Directors and the Skating Director before guest coaching is permitted.

## Terms and Conditions

1. I am USFSA certified and compliant with USFSA insurance.
2. I agree to familiarize myself with SCJH policies, and to abide by them. All rules, regulations and policies of SCJH are available on our website, [www.skatingclubofjacksonhole.com](http://www.skatingclubofjacksonhole.com)
3. I will return this Guest Coach Agreement and provide a copy of my PSA insurance, background check, and SafeSport certification to the Skating Director at least one week prior to my first day of guest coaching.
4. I abide by the PSA Code of Ethics and Professional Conduct.
5. Solicitation of any kind will not be tolerated in the skating facility.
6. I will pay the required fee for use of club ice (20% of private lesson revenue unless other arrangements are approved by the SCJH Board)
7. This agreement is valid for one year from time of approval.
8. The Disciplinary and Conflict Resolution Policy process as outlined on our website will be utilized to address any concerns.
9. This agreement may be terminated at any time at the sole discretion of the SCJH Board of Directors.

**Agreement:** I hereby agree to the above terms as a condition of being granted guest coach privileges by SCJH. I understand that any violation of the above terms, or any rule, regulation or policy of SCJH may result in a loss of my privileges.

**Assumption of Risk and Waiver of Liability:** I am aware that figure skating is a dangerous sport, and that my participation as a guest coach with SCJH is at my sole risk. I hereby agree to release, indemnify and hold harmless SCJH, and all of their directors, officers, agents, insurers, attorneys and employees from any and all claims, demands, losses, damages or injury, whatsoever, of any kind or nature, that I may sustain as a result of my participation or activities as a guest coach of SCJH.

Guest Coach Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

PSA Number: \_\_\_\_\_ USFSA Number: \_\_\_\_\_

Home Rink: \_\_\_\_\_

I have read, understand, and agree to the policies and terms above.

Guest Coach Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_ / \_\_\_ / \_\_\_\_\_ Denied: \_\_\_ / \_\_\_ / \_\_\_\_\_ Reason(s):

SCJH Board President Signature: \_\_\_\_\_ Skating Director Signature: \_\_\_\_\_