



VIRTUAL TEST APPLICATION

Forms and payment deadline: April 10
Submission deadline (video and affidavit): April 12, 6 p.m.

.....
Skater's Name: _____

Email: _____

USFS Number: _____

Phone Number: _____

Home Club: _____

Coach's Signature: _____
.....

Test #1: _____

Test #2: _____

Test #3: _____
.....

Test Fees (\$40/test): _____

Guest Fees (\$25 if not a member of an Indiana Council club): _____

Total Test Fees: _____

Return test application, video release and permission to test form (if not a member of SISC) via email to testing@sycamoreisc.org by Wednesday, April 10. All fees should be paid electronically at payments.sycamoreisc.org. Videos and affidavits must be submitted electronically to testing@sycamoreisc.org by 6 p.m. on Friday, April 12.

Videos must have been recorded within 14 days of the submission deadline (April 12) per USFS rule 4104.

NAME AND LIKENESS RELEASE AND CONSENT AGREEMENT

By registering for the Sycamore Ice Skating Club Test Session (as part of U.S. Figure Skating), and for good and valuable consideration, I release and grant to U.S. Figure Skating, including its subsidiary and affiliated entities, and U.S. Figure Skating authorized local organizing committees, clubs, and interclub associations (collective, for purposes of this Release and Consent Agreement, "U.S. Figure Skating"), the right to use my name, likeness, image, photograph, voice, video, athletic performance, biographical information and any other indicia of identity, in any format, medium, technology and platforms whatsoever, from any U.S. Figure Skating event or activity in which I participate during the 2022-23 season, including any international competitions that I participate in as an assigned member of Team USA (collectively, my "Identifications"), and to distribute, broadcast and exhibit (and to permit U.S. Figure Skating's broadcast partner, NBC Universal Media, to distribute, broadcast and exhibit) my Identifications, without charge, restriction or liability, in any media now known or hereafter devised (including, but not limited to, television, internet, web casting, and video streaming) or in various publications (including, but not limited to, *SKATING* Magazine, the U.S. Figure Skating directory or media guide and marketing materials) into perpetuity, unless otherwise specified and agreed upon. I understand that I will not receive any compensation for any such use of my Identifications. It is also agreed, however, that without my written permission: (a) at no time can my Identifications be used by U.S. Figure Skating for any commercial purpose (e.g., use in connection with the promotion of any commercial entity and/or its relationship with U.S. Figure Skating or with me, including one that expresses or implies an endorsement of any company or its products or services) and (b) at no time may U.S. Figure Skating release or authorize the use of my Identifications to an unrelated third party for the purpose of my endorsement of any commercial property, product or service, without my written permission.

I HAVE READ THIS RELEASE AND CONSENT AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE.

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

Date

Printed Name of Parent/Guardian

Signature of Participant/Skater

Date

Printed Name of Participant/Skater





Performance Affidavit for Virtual Test Submission

This form must be completed by the athlete(s) submitting a video for virtual test credit, in addition to their coach, the videographer, and the proctor on the day of the performance. In completing this form, all parties certify the information on this form is accurate and all rules of Virtual Testing were abided by. (Videographer and proctor do not need to be U.S. Figure Skating members.)

Athlete Information

Name		U.S. Figure Skating #	
Email Address		Phone	
Tests Submitted			

Recording Details

Arena/Rink Name:		Arena/Rink City, State:	
Recording Date:		Recording Time:	

Athlete Signature

_____	<input type="checkbox"/> I certify that the recording submitted was recorded on the date and time above. I further attest that the performance was one continuous program and was not edited prior to submission.
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Coach Information

Name		U.S. Figure Skating #	
Email Address		Phone	

Coach Signature

_____	<input type="checkbox"/> I certify that the recording submitted was recorded on the date and time above. I further attest that the performance was one continuous program and was not edited prior to submission.
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Videographer Information

Name		U.S. Figure Skating #	
Email Address		Phone	

Videographer Signature

_____	<input type="checkbox"/> I certify that the recording submitted was recorded on the date and time above. I further attest that the performance was one continuous program and was not edited prior to submission.
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Proctor Information

Name		U.S. Figure Skating #	
Email Address		Phone	

Proctor Signature

_____	<input type="checkbox"/> I certify that the recording submitted was recorded on the date and time above. I further attest that the performance was one continuous program and was not edited prior to submission.
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