

LA SIERRA SKATE PARK AGREEMENT, WAIVER, AND RELEASE

NOTE: Helmet REQUIRED. Pads recommended

In consideration for being permitted by the above district to participate in the above activity, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the above district (it's officers, employees, and agents) from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and hold the above persons or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of my death or any injury or property damage that I may sustain while participating in said activity.

PARENTAL CONSENT: (to be completed and signed by parent/guardian if applicant is under 18 years of age)

I hereby consent that my child, _____, participates in the above activity, and I hereby execute the above Agreement, Waiver, and Release on his/her behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, or damage that said minor may sustain while participating in said activity.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ABOVE DISTRICT AND I SIGN IT OF MY FREE WILL.

Signature _____ DATE _____

Name (printed) _____ parent guardian self

Please Print Clearly

PARTICIPANT'S NAME (First) _____ (MI) _____ (Last) _____		
ADDRESS _____	CITY _____	STATE _____ ZIP _____
PHONE: (Home) _____	Parents (Work) _____	BIRTH DATE _____
9 Male 9 Female		
FOR EMERGENCY: (Name) _____		(Phone) _____
PARENTS DRIVERS LICENSE / ID # _____ (*Required if participant under 18)		