

Fall FunFest Skate Park Participant

Release of Liability Waiver & Indemnity / Hold Harmless Agreement

Skaters under the age of 18: Parent or Legal Guardian must present proof of ID when signing waiver at Skate Park Registration in front of Skate Park representative. If parent or legal guardian will not be present at Skate Park, this form must be signed and notarized before being presented at Skate Park Registration.

Skaters age 18 and older: Skater must provide driver's license or other form of photo ID when signing waiver at Skate Park Registration in front of Skate Park representative.

In consideration for being allowed to participate in any way in the Fall FunFest Skate Park, I agree that:

1. The risk of injury from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist; and,
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others, and assume full responsibility for my participation; and
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If I observe any unusual significant concern in my readiness for participation and/or in the program itself, I will remove myself from participation and bring such to the attention of the nearest Fall FunFest Skate Park representative immediately; and,
4. I, for myself and on behalf of my/our heirs, assigns, personal representatives next of kin, hereby release CityScape and the City of Cookeville, their officials, employees, volunteers, sponsors, agents, with respect to any and all injury, disability, death or loss or damage to person or property incident to my involvement or participation in these programs, with arising from the negligence of the releasees or otherwise, to the fullest extent permitted by law.
5. I, for myself and on behalf of my/our heirs, assigns, personal representatives next of kin, hereby indemnify and hold harmless all the above releasees from any and all liabilities including attorneys' fees and costs, incident to the participant's involvement in these programs, even if arising from their negligence, to the fullest extent of the law.
6. I, for myself and on behalf of my/our heirs, assigns, personal representatives next of kin, hereby waive and release the use of my photograph or likeness for any reason or purpose.

I have read this release and assumption of risk agreement, fully understand its terms, and understand that I have given up substantial rights by signing it freely and voluntarily without inducement.

PARTICIPANT'S SIGNATURE

DATE

PARENT/LEGAL GUARDIAN

DATE

PARTICIPANT'S INFORMATION: PLEASE PRINT CLEARLY

PARTICIPANT'S NAME

DATE OF BIRTH

ADDRESS

CITY

STATE

ZIP

PARTICIPANT'S PHONE NUMBER

EMAIL ADDRESS

KNOWN ALLERGIES/MEDICAL CONDITIONS

PHYSICIAN NAME/PHONE NUMBER

INSURANCE COMPANY

INSURANCE ID/POLICY NUMBER

EMERGENCY CONTACT

PHONE NUMBER

RELATIONSHIP

In the event that I cannot be reached in an emergency, I hereby give permission to any licensed physician, surgeon, clinic or hospital to secure proper treatment, and to order anesthesia, for my child/myself as named above.

PARTICIPANT'S OR LEGAL GUARDIAN'S SIGNATURE

DATE

DRIVER'S LICENSE NUMBER