

JOE'S SKATEBOARD PARK WAIVER AND RELEASE FORM

IF YOU ARE UNDER THE AGE OF 18, YOUR PARENT OR LEGAL GUARDIAN MUST SIGN THIS
WAIVER PARTICIPANT RELEASE OF LIABILITY--**READ BEFORE SIGNING.**

In consideration of being allowed to participate in any way in Joe's Skateboard Park (Skate Park), related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. I have read and understand and will abide by the "SKATE PARK RULES AND REGULATIONS" that are posted at the Skate Park and attached to this document; and
2. 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 to me does exist; 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 official immediately; and
4. I, for myself and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE Green Valley Community Church, and the County of El Dorado and its officers, officials, agents and/or agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), 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, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE to the fullest extent permitted by law; and
5. I, for myself and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all of the above Releasees from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent of the law; and
6. I KNOWINGLY and freely assume all such risks, BOTH KNOWN AND UNKNOWN, even if arising from the negligence of the Releasees or others, and assume full responsibility for my participation.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY AND WITHOUT ANY INDUCEMENT. I attest that I am physically fit and have been trained for this activity. I also waive and release the use of my photograph or likeness for any reason or purpose. I WANT TO PARTICIPATE IN THIS HAZARDOUS SPORT.

PARTICIPANT SIGNATURE

DATE SIGNED

DATE OF BIRTH

Name: _____ Form of ID: _____

Address: _____ Apt. No. _____ email: _____

City: _____ State: _____ Zip: _____ Phone: _____

IF PARTICIPANT IS UNDER 18 YEARS OF AGE Emergency Phone: _____

PARENT/LEGAL GUARDIAN SIGNATURE

DATE SIGNED

DRIVERS LICENSE #

MEDICAL RELEASE: 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. My child/I am allergic to the following medications: _____

Doctor to be notified in case of emergency: _____

Legal Guardian/Parent or +18 year-old participant signature: _____

Witness Signature _____

Date Signed _____