



WAIVER AND RELEASE FORM

In consideration of being allowed to participate and use, in any way, Amazement Square and the Rotary Centennial Riverfront Skatepark(RCRS), related events and activities, the undersigned acknowledge and 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 although the risk may be reduced somewhat by particular rules, equipment, and personal discipline, the risk of serious injury to participants still exists; and
2. WE KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASED PARTIES and assume full responsibility for participation; and
3. We agree to comply with all stated and customary terms and conditions for use of RCRS. These include, but are not limited to, wearing protective equipment at all times. If we observe any unusual significant hazard while present at RCRS, we will remove ourselves from the hazard and bring the hazard to the attention of the skatepark staff immediately; and
4. We, for ourselves, our heirs, personal representatives and next of kin, DO HEREBY RELEASE Amazement Square and RCRS, affiliate entities, partners, board of directors, staff, sponsors and advertisers (hereby known as Released Parties), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, OR LOSS OR DAMAGE TO PERSON OR PROPERTY incident to my involvement or participation in RCRS activities, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASED PARTIES OR OTHERWISE, to the fullest extent permitted by law.
5. On behalf of ourselves, our heirs, personal representatives and next of kin, WE DO HEREBY INDEMNIFY AND HOLD HARMLESS all of the Released Parties from and against any and all liabilities incident to our involvement or participation in RCRS, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

I/WE HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT WE HAVE GIVEN UP ALL RIGHTS BY SIGNING IT. WE SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. I certify that the participant is physically fit and have no medical condition that would make participation in this activity more hazardous. I also waive and release the use by the Released Parties of the participant's photograph or likeness for promotional or archival purposes. If the participant is under the age of 18, a parent or legal guardian must sign this form in the presence of the skatepark staff. I WANT TO PARTICIPATE IN THIS HAZARDOUS SPORT! ?

____ (Initial) I understand that a helmet is required at all times while in RCRS. Safety knee and elbow pads are optional. Should I choose not to wear safety pads, I will hold harmless all Released Parties from all liabilities incident to my involvement or participation in RCRS.

PARTICIPANT SIGNATURE

DATE SIGNED

PRINT NAME

Name of Parent or Guardian

Drivers License Number

Date Signed

Signature

Staff Signature



REGISTRATION FORM

PERSONAL INFORMATION

Name of Participant: _____ Birthdate: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

EMERGENCY INFORMATION

Emergency Contact: _____

Contact Phone Numbers: _____

Emergency Contact: _____

Contact Phone Numbers: _____

MEDICAL INFORMATION

Allergies (food, medicine, insect bites and any other allergies): _____

Medical Conditions (include seizures): _____

Are you currently taking any medications? _____

If so please list: _____

Under 18
Required!

I authorize medical treatment for my child, _____
in the event he or she needs it.

Parent/Guardian Signature _____

I have read and agree to the skatepark manners and policies.

Signature _____

Skatepark Staff Use Only
(Circle one)
Registration Membership
Payment Type _____
Amount Paid _____