

WAIVER AND RELEASE OF LIABILITY



READ CAREFULLY BEFORE SIGNING

If you are under 18 your parent or legal guardian must sign this waiver!
No membership will be granted without proper completion of this document.

Member's Name: _____ Parent's Name: _____

In consideration for being allowed to participate in any way in the Ripzu Skateboard Park, LLC (Ripzu) program, related events and activities, I the above Member being above the age of 18, or the Parent of the above member who is under 18, acknowledges, appreciates, and agrees that:

1. The risk of injury from activities involved in roller sports is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of 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 RELEASEES 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. I agree to inspect the facilities and equipment to be used, and if I observe any unusual significant hazard during my presence or participation, 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 heirs, assigns, personal representatives, and next of kin, HEREBY RELEASE AND HOLD HARMLESS RIPZU, its officers, officials, agents and/or employees, other participants, sponsoring 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, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
5. I grant permission to Ripzu, the right to use my voice and/or likeness and photographs taken by Ripzu and/or the Releasees in advertising and promotional materials including but not limited to radio, television, video, newspaper, magazine, program, print advertisement, and the internet in perpetuity.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTATED THET I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Member's Name: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ DL #: _____

Date of Birth: _____ Email: _____

_____ Age: _____ Date Signed: _____

Participant's Signature

PERSON TO CONTACT IN CASE OF AN EMERGENCY:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

MEDICAL RELEASE: In the event that I cannot be reached in an emergency, I hereby give permission to licensed emergency medical personal, physicians, surgeons, clinics, or hospitals to secure proper treatment, and to order anesthesia for my child/myself as named above.

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

My Child is/I am taking the following medications or have the following conditions that you should know about: _____

FOR PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law

Parent's Name: _____ DL #: _____

_____ Date Signed: _____

Parent's Signature