

SKATEPARK PARTICIPANT REGISTRATION FORM

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BIRTHDATE: _____ AGE: _____

PHONE NUMBER: _____

EMERGENCY CONTACT INFORMATION

NAME	PHONE NUMBER & TYPE (cell, home, work)	RELATIONSHIP (parent, grandparent)
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_____	_____	_____
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_____	_____	_____
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EMAIL ADDRESS: _____

WHAT SCHOOL DO YOU ATTEND? _____

HOW DID YOU HEAR ABOUT OUR SKATEPARK?

____ SCHOOL ____ CHURCH ____ FRIEND

____ OTHER: _____

PLEASE CHOOSE:

____ SKATEBOARD ____ INLINE ____ BMX

MEDICAL CONDITIONS _____

BAKER COUNTY SKATEPARK LIABILITY WAIVER

Applicant Information

Name: _____

Date of Birth: _____

Address: _____

Phone: _____

Driver's License No. _____ State: _____

Waiver and Release of Liability – Read before Signing

In consideration of being allowed to participate in any way at the Skate Park, located at 480 West Lowder Street, Macclenny Florida, 32063. I undersigned acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in the program 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 serious injury does exist even when these activities are conducted in accordance with all such rules. These activities are inherently dangerous; and
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF 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, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the immediate 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 THE BAKER COUNTY BOARD OF COMMISSIONERS AND THE BAKER COUNTY HEALTH DEPARTMENT; their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and Lessor (releasees), of premises used to conduct the event. WITH THE 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.

I HAVE READ THIS REALEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT. I FULLY UNDERSTAND ITS TERMS AND I ALSO UNDERSTANT THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I SIGN FREELY AND VOLUNTARILY.

Print Name

Signature

FOR PARTICIPANTS OF MINOR AGE (Under age 18 at 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 Releasees, and, for myself, my heirs, assigned, and next of kin, I release and agree to indemnify 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/Guardian Signature

Date

Print Name

Emergency Phone #

NOTARY INFORMATION

State of _____ County of _____ Sworn to and subscribe before me this _____ day of _____, 20_____
by _____ Who is (check one): _____ personally known to me or _____ has produced identification. Type: _____

Notary Public Signature

Print Name