

# Capital Skatepark and Proshop-Release and Waiver of Liability

All skaters will need to sign waivers before skating. -----Waiver And Release Of Liability Read Before Signing:

In consideration of being allowed to participate in any way at Capital Skatepark and Proshop, I,

\_\_\_\_\_ (Name of Participant) understand and agree with  
**PLEASE PRINT NAME CLEARLY**

Capital Skatepark and Proshop that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and
2. I UNDERSTAND THAT I MAY SUFFER SUCH INJURIES FROM PARTICIPATING IN THE PROGRAM AND THAT I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF Capital Skatepark and Proshop, and assume full responsibility for my participation; and,
3. I willingly agree to comply with all of the rules established by Capital Skatepark and Proshop If, however, 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 Capital Skatepark and Proshop, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and leasers of premises used to conduct the event ("Releases"), WITH RESPECT TO ANY CLAIMS, LOSSES LIABILITIES OF COURSE OF ACTION FOR INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF CAPITAL SKATEPARK AND PROSHOP OR OTHERWISE.

Participant's Signature X \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Date Signed \_\_\_\_\_

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 WITHOUT ANY INDUCEMENT.

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE IS 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 Releases, and, for myself, my heirs, assigned, and next of kin, I release and agree to indemnify the Releases 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.

**E-Mail:** \_\_\_\_\_

Parent/Guardian's Signature X \_\_\_\_\_ Date signed: \_\_\_\_\_

Parent/Guardian print name \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Participant/Parent/Guardian's Driver's License Number \_\_\_\_\_ (must have DL#)

Emergency Phone # (s) \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

**Please check one: Boarder:** \_\_\_\_\_ **In-Line:** \_\_\_\_\_ **Biker:** \_\_\_\_\_

**HOW DID YOU HEAR ABOUT US?** Friend \_\_\_\_\_ Internet \_\_\_\_\_ Telephone book \_\_\_\_\_ Magazine \_\_\_\_\_

Flyer \_\_\_\_\_ Other \_\_\_\_\_