

SONORA ACTION SPORTS PARK

SKATE PARK LIABILITY WAIVER AND RELEASE OF LIABILITY

WARNING: IN-LINE SKATING, SKATEBOARDING, AND BMX BICYCLING ARE DANGEROUS ACTIVITIES. BY ENGAGING IN THESE ACTIVITIES, THE PARTICIPANT ASSUMES THE RISK OF SERIOUS INJURY OR DEATH.

THIS IS A RELEASE OF LIABILITY—YOU MUST READ AND FULLY UNDERSTAND THIS BEFORE SIGNING. IF YOU ARE UNDER 18, YOUR PARENT OR LEGAL GUARDIAN MUST SIGN THIS WAIVER.

Participant Name: _____

Address: _____

City State Zip Code

Phone: (____) _____ E-Mail Address: _____

I, THE NAMED PARTICIPANT, for myself and on behalf of my/our heirs, assigns, personal representatives and next of kin, hereby acknowledge that I voluntarily have applied to participate and use the Skate Park. I understand that the act of skating necessarily involves known and unknown risks of injury to me and other people, which includes but is not limited to death, permanent or temporary paralysis, disability, illness or disease, physical or mental damage, or other injury, as well as damage to my equipment and personal property. Some of these risks include the risks inherent in skating such as falling and coming into contact with ramps and walls, latent or apparent defects or conditions in equipment or property, and passive or active negligent acts of myself, the County/City/Town, promoters, officials, advertisers, and property owners. I understand that the above list of risks is not complete or exhaustive and that those and other risks known or unknown, anticipated or unanticipated may also result in injury, death, illness, disease to myself or my property or other third parties. I voluntarily agree and promise to accept and assume responsibilities, and injuries, death, illness, disease or damage to myself or my property arising from my participation in this activity. I further understand that the County/City/Town assumes no liability for loss, damage, or any kind of injury sustained by myself or my property while using the Skate Park. **I therefore assume all risks associated with using the Skate Park, even if they arise from the negligence of the County/City/Town, promoters, officials, advertisers, and property owners.** My participation in this activity is voluntary and no one is forcing me to participate in spite of the risks. I understand the effect of this waiver and acceptance of risk on my legal rights.

By signing this release of liability and using the Skate Park, I hereby fully and forever release and discharge indemnify and hold harmless the County/City/Town and their employees and agents from any and all liabilities, claims, demands, damages, rights of action, suits or causes of action present or future, whether they same be known or unknown, anticipated or unanticipated, resulting from or arising out of my use or intended use of said skateboard park premises, facilities or equipment. I fully and forever release and discharge the County/City/Town and their employees and agents from any and all negligent acts and omissions in the same, and intend to be legally bound by this release.

FOR PARTICIPANTS UNDER 18 YEARS OF AGE

This is to certify that I, as a parent or guardian with legal responsibility for the above named participant, do consent and ratify his/her release of the County/City/Town, and its agents and employees, and, for myself, my heirs, assigned, personal representatives and next of kin, I release and agree to indemnify the County/City/Town, and its agents and employees from any and all liabilities incident to my minor child's involvement or participation in the Skate Park as provided above, even if arising from the negligence of the County/City/Town, and its agents and employees, to the fullest extent permitted by law. I have carefully read this release of liability and understand and fully agree with its contents.

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SONORA ACTION SPORTS PARK

Release of Liability/Agreement Not to Sue

Sonora Skate Park
480 Greenly Rd. Sonora Ca. 95370

PLEASE READ CAREFULLY BEFORE SIGNING

Participants

If under the age of 18 must be filled out by a parent or guardian.

Participants Full Legal Name _____

Parent or Guardian Full Legal Name _____

Date of Birth ____/____/____ Age on date of the event _____

Phone Number () _____ - _____ Secondary Number () _____ - _____

Email _____@_____.com

Emergency Contact Name _____

Phone Number () _____ - _____ Secondary Number () _____ - _____

If you cannot be reached you are giving permission to your emergency contact to make decisions they see best fit for your child.

MEDICAL RELEASE

In the event that myself/emergency contact 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.

Print Name of Participant _____

Print Name _____

Signature _____ **Date** _____

If under the age of 18 must be signed by a parent or legal guardian.



SONORA ACTION SPORTS PARK PHOTO RELEASE

I hereby grant the Sonora Action Sports Park permission to use my likeness in a photograph, video, or other digital media (“photo”) in any and all of its publications, including web-based publications, without payment or other consideration.

I understand and agree that all photos will become the property of the Sonora Action Sports Park and will not be returned.

I hereby irrevocably authorize the Sonora Action Sports Park to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.

I hereby hold harmless, release, and forever discharge the Sonora Action Sports Park from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I HAVE READ AND UNDERSTAND THE ABOVE PHOTO RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENTS/GUARDIANS AS EVIDENCED BY THEIR SIGNATURE BELOW. I ACCEPT:

Print Name of Participant _____

Print Name _____

Signature _____ **Date** _____

If under the age of 18 must be signed by a parent or guardian.

