

Riverview Indoor Skatepark Waiver

Name: _____

Birthdate: _____

Full Address: _____

Parent / Legal Guardian: _____

Phone Number: Cell: _____ Home: _____

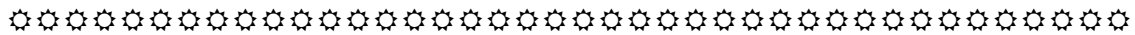
Alternate contact (someone to call **other than** parent / legal guardian in the event that parent / legal guardian cannot be reached).

Name: _____

Phone Number of Alternate contact: _____

Relationship of Alternate contact to participant: _____

Taking any medications? Any allergies? Medical conditions? Please specify:



Participant Waiver and Release

I am fully aware of the fact that there are special dangers and risks inherent in the activity of skateboarding/rollerblading, including the risk of serious physical injury, death or other consequences that may arise or result directly or indirectly from skateboarding/rollerblading. I am fully informed as to these risks and in consideration of being allowed to participate in the Riverview Skatepark activities and/or use of the Riverview Skatepark facilities, I hereby assume all risk of injury, damage and liability arising from such activities or use and hereby release the Town of Riverview Parks and Recreation Department and East Coast Street Styles; their facilities, programs and personnel and waive any right of recovery that I might have to bring claim or lawsuit against them for any personal injury, death or other consequences occurring to me arising out of my voluntary participation in the activity of skateboarding or rollerblading.

Participant Signature: _____

I give permission for publication of photos taken of me while participating in skatepark related activities.

Signature: _____

Waiver and Release of Parent/Legal Guardian
(if you are under 19 years of age)

I certify that I am the parent or legal guardian of the participant above named; that I have read and understood the above mentioned release and waiver; and that, in consideration of allowing the participant to participate in the Riverview Skatepark activities or in the Riverview Skatepark facilities, I join the release and waive any claim or legal cause of action that I might have arising out of any personal injury or death of the participant against the Town of Riverview Parks, Recreation and Community Relations Department or East Coast Street Styles; their facilities, programs or personnel. I further grant my full consent and authorization for the above named participant to engage in the activity described above.

Parent / Legal Guardian Signature: _____

I give my permission for publication of photos taken of my child while participating in skatepark related activities.

Parent / Legal Guardian Signature: _____

The following must be read and signed before using the Skatepark and Youth Centre facilities.

- Helmets must be worn and fastened at all times while skateboarding in the park, no exceptions.
- Smoking/vaping is not permitted at entrances, exits or on the premises.
- No person under the influence of, or in possession of alcohol or drugs will be allowed into the park.
- No weapons of any kind will be permitted on the property.
- Swearing and profanity will not be tolerated; this includes music.
- All participants agree to treat each other, the facility and the staff with respect.
- Children under 12 years of age must be supervised by a parent or guardian at all times while in the facility.
- Reckless behaviour is not permitted.
- No skateboarding in entryways or lounge areas.
- All coats, bags and outdoor footwear must be checked in the coat check area.
- Please ask staff to move any ramps or obstacles. This will be performed at staff's discretion.
- When skating / blading, stay aware of others around you. Never drop in on a ramp without checking for other skaters first. Try not to cut off others who are skating at the same time.

I, _____ have read the above rules and agree to abide by them at all times while on the Skatepark and Youth Centre property. I understand that failure to abide by these rules may result in my ejection from the premises.

Date _____

Participant signature _____