

Columbia SkatePark

Participant Assumption of Risk, Waiver and Release

Columbia Association SkatePark
5453 Harper's Farm Road • Columbia, MD 21044 • 410-715-3054

BELOW: Write name of participant, CA membership number (if applicable) and participant's birthdate.

Participant's Name	
Card Number	Participant's Birthdate

In consideration of receiving permission from the Columbia Association, Inc. (hereinafter sometimes called CA), to enter upon the premises known as the Columbia SkatePark facilities (the premises) and to participate and utilize said facilities, the receipt of such permission being hereby acknowledged, the undersigned participant and his/her parents or guardian, if he/she is under the age of 18 years, hereby releases CA, its agents, officers, servants and employees, of and from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage or injury, including death, to person or property that may be sustained by the participant, participant's parents or guardian, while in, on, upon or near the premises.

Both participant and participant's parents or guardian acknowledge that they are aware of the risks and hazards inherent upon entering said premises and/or in participating in activities at the premises, and hereby voluntarily elect to enter — or have their children enter — upon said premises and participate in activities there on, knowing the present condition of the facilities and knowing that said condition and participation in said activities may become hazardous or dangerous, including the risk of bodily injury or death.

Participant, and participant's parents or guardian if participant is under 18, acknowledge that participants must wear a helmet at all times when engaging in SkatePark activities. The undersigned also acknowledge that any participant not wearing the required helmet will not be allowed to participate, and that all patrons of the SkatePark are required to follow the directions of CA staff. The undersigned further acknowledge that it is strongly recommended that participants wear elbow, knee and wrist pads.

The participant and/or his/her parents or guardian if participant is below the age of 18 years, hereby voluntarily assumes all risks of loss, damage or injury, including death, that may be sustained by the participant or the participant's parents or guardian or any property of either while in, on or using, the premises.

This waiver and release shall be binding upon the participant, his/her parents or guardian, their heirs, next of kin and personal representatives.

In signing the foregoing Assumption of Risk, Release and Waiver each of the undersigned hereby acknowledges and represents:

1. That the participant's age as stated above is his/her correct age.
2. That he/she, or they, have read the foregoing Assumption of Risk, Release and Waiver, and signs below voluntarily.
3. That he/she, or they, know that by signing this Assumption of Risk, Release and Waiver, he/she or they are giving up all rights to recover for any injury, illness, disability or damage resulting from the use of the premises and facilities which he/she or/and they have, have had or may in the future have. **THE UNDERSIGNED HEREBY UNDERSTANDS THAT THIS IS A RELEASE and that the undersigned are hereby GIVING UP EVERY RIGHT THEY, SHE OR HE HAS TO RECOVER FOR ANY INJURY, DAMAGE OR DEATH occurring as a result of the use of the facilities.**
4. That the participant and parents or guardian (if their signatures are affixed below), in consideration of CA granting permissions as described above, do hereby expressly stipulate and agree to indemnify and hold forever harmless CA, its successors and assigns against any loss from any and all claims, demands or actions in law or equity that may hereafter at any time be made or brought by the participant (whether or not a minor or not) or brought by anyone on behalf of said participant for the purpose of enforcing a claim for damages on account of any injuries received or sustained in consequence of the participant's actions on the premises or facilities.

BELOW: Write the date of when you complete this form. Witness must be over 18 years of age.

WITNESS the hands and seal of the participant (and his/her parents or guardian if the participant is a minor) as of the _____ (date) day of (month) 20 _____ (year).

Name of Participant/Parent/Guardian signing above (fill in boxes below) *If the participant is a minor, print parent/guardian name. If participant is 18 or over print skater name.*

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Parent Signature _____ **Witness Signature** *Witness must be over 18 years of age.* _____

Address _____

City _____ **State** _____ **Zip Code** _____

Phone _____ **Proof of Age Exhibited** _____

Email Address *Please print clearly.* _____

Columbia SkatePark Authorization for Medical Treatment



I _____ give permission to the Columbia SkatePark staff to act in my behalf in caring for my child should an emergency arise. In addition, I give permission, in case of injury, to take my child to a medical facility or hospital for treatment, to include evaluation of injuries, x-rays, and other needed care. I do understand that the Columbia SkatePark will make every effort to contact me prior to authorizing transportation or medical attention on my behalf for my child, and I hereby release the Columbia Association and its agents or employees from any liability in connection with the granted authorization.

Parent's/Guardian's Signature *If the skater is a minor, print parent/guardian name. If skater is 18 or over print skater name.* _____ **Date** _____

Signature of Witnessing CA Staff Member _____ **Date** _____

It should be noted that the medical facility or hospital may elect not to treat your child unless you, as a parent or guardian, are present.