SKATE LESSONS

WAIVER PARTICIPANT RELEASE OF LIABILITY

ALL PARTICIPANTS MUST WEAR A HELMET, KNEE PADS, AND ELBOW PADS

READ BEFORE SIGNING
PLEASE RETURN WAIVER TO INSTRUCTOR

1) The risk of injury from the activities involved in skateboarding lessons, programs, or events, including the potential for permanent disability or death, and while particular rules, safety equipment, instruction and personal discipline may reduce the risk, the risk of serious injury to me does exist: and,

2) I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation.

3) I, for myself and on behalf of my/our heirs, assignees, personal representatives, persons under my guardianship, and next of kin, HEREBY RELEASE KEVIN HAIRSTON, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, LOSS OR DAMAGE to person or property incident to my involvement or participation in skateboarding lessons, programs or events, including transportation to lessons, WHETHER ARISING FROM THE NEGLIGENCE OR THE RELESEES OR OTHERWISE, to the fullest extent permitted by law.

4) I, for myself and on behalf of my/our heirs, assignees, personal representatives, persons under my guardianship, and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releases from any and all the liabilities incident to my involvement or participation in skateboarding lessons, programs or events, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent of the law.

5) I have read the 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. I also waive and release the use of my photograph or likeness for any reason or purpose. I want to participate in this hazardous sport. I agree to assume full responsibility for all injuries and medical expenses incurred while participating in skateboarding lessons, programs, or events.

X_____/_____/_____
Participant Name DOB Date

X _____ _____
Parent Signature Print Name
(If under 18 Years old)

PLEASE PRINT CLEARLY

Address:_____

Parent 1 cell:_____ Parent 2 cell:_____

Email:_____