

# SKATEPARK WAIVER & RELEASE FORM

IF YOU ARE UNDER THE AGE OF 18 YOUR PARENT OR LEGAL GUARDIAN MUST SIGN THIS WAIVER  
PARTICIPANT RELEASE OF LIABILITY - READ BEFORE SIGNING

In consideration of being allow to participate in anyway in the SKATEPARK program for:

The TRUCK STOP SKATEPARK, related events, activities, and all other sanctioned park and events the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in these programs is significant, including the potential for permanent disability and death, and while the particular rules, equipment, 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 RELEASERS or others, and assume full responsibility for my participation.
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If I observe any unusual significant concerns in my readiness for participation and / or in the program itself, 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 / our heirs, assigns, personal representatives, next of kin, HEREBY RELEASE: THE TRUCKSTOP SKATEPARK its officers, officials , agents and / or employees, other participants, sanctioned events, sanctioned parks, sanctioned organizations, sponsoring agencies, sponsors, advertisers, and the owner of the property Stephen A White, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I, for myself and on behalf of my / our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all of the above Releasees from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent of the law.
6. 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. I attest that I am physically fit and have been for this activity. I also waive and release the use of photograph of likeness for any reason or purpose.

I WANT TO PARTICIPATE IN THIS HAZARDOUS SPORT.

DATE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

NAME: \_\_\_\_\_ FORM OF ID: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

PARTICIPANT SIGNATURE X \_\_\_\_\_

IF PARTICIPANT IS UNDER 18 YEARS OF AGE emergency phone

X \_\_\_\_\_

Parent or legal guardian \_\_\_\_\_

DATE SIGNED \_\_\_\_\_

Drivers lic# or ID \_\_\_\_\_

MEDICAL RELEASE: In the event that i cannot be reached in an emergency, I hereby give permission to any licensed physician, surgeon, clinic, or hospital to secure proper medical treatment, and to order anesthesia, for my child / myself as named above.

My child / I am allergic to the following medication: \_\_\_\_\_

DOCTOR to be notified in case of emergency: \_\_\_\_\_

Legal guardian / Parent or 18+ yr. participant signature: \_\_\_\_\_

WITNESS SIGNATURE: \_\_\_\_\_

TITLE AND ORGANIZATION: \_\_\_\_\_

SIGNATURE MUST BE NOTARIZED UNLESS WITNESSED BY A PRINCIPLE OF THE TRUCKSTOP SKATEPARK.

SEAL

\_\_\_\_\_  
NOTARY PUBLIC