



ReAnimate 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 various skate parks either locally, or on a sponsored field trip. 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 any local or visited skate park, I hereby fully and forever release and discharge indemnify and hold harmless ReAnimate and their employees and agents from any and all liabilities, claims, demands, damages, rights of action, suits or causes of action present of 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 ReAnimate, their employees and agents from any and all negligent acts and omissions in the same, and intend to be legally bound by this release.

In addition, I hereby give my consent to provide transportation to ReANIMATE sponsored events.

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.

_____/_____/_____
Name of participant using facility (Print) Date of birth

Signature of participant using facility

Today's Date ____/____/____

Phone (____) _____ - _____

*If the participant is 18 or over

Driver's License # _____

* If the participant is under 18, this release must be signed by a parent/legal guardian. hereby certify that I am the parent or legal guardian of the participant named above, give my consent to the foregoing, and agree to hold the Skate Park harmless from any liability.

_____/_____/_____
Name of Parent or Legal Guardian (Print) Date of birth

Driver's License # _____

AUTHORIZE TO CONSENT TO MEDICAL TREATMENT OF CHILD

1. I, _____ of _____ make oath and say that I am the lawful guardian of the child listed below and there are no court orders now in effect that would prohibit me from conferring the power to consent upon another person.

Information of Child

_____, male, born August 21, 2021 at _____ and residing at _____

Medications currently used: _____

Illnesses, medical conditions, and/or allergies: _____

2. I hereby authorize and appoint ReAnimate of Rochester, NY as my Agent. Unless otherwise provided in this authorization, my Agent may consent to emergency and routine medical treatment for my child, including dental treatment, anaesthesia, and blood transfusion.

I do not authorize ReAnimate of Rochester, NY to consent to:

3. The purpose of this instrument is to give ReAnimate the power and authority to consent to medical treatment for my child. This power and authority will be effective as of the 21st day of August, 2021.
4. I give this consent freely and knowingly in order to provide for the child and not as a result of coercion, duress or payments by any person or agency.
5. This consent will remain in effect until it is revoked by notifying my child's medical, mental health care and insurance providers, in writing, and the Agent named above that I wish to revoke it.

6. Any questions or concerns regarding this authorization may be directed to me at:

Name: _____

Address: _____ Phone Number: _____

Secondary Phone: _____ Email: _____

7. If the child becomes ill or injured, the Agent will first try to contact the parent/guardian. If the parent/guardian cannot be reached, the Agent should contact the following emergency contact:

Name: _____

Phone Number: _____ Secondary Phone: _____

_____ Signature of Parent or Guardian

_____ Print Name