

Skate Barn West
2900 Lind Avenue SW
Renton, WA 98862 425-656-2863

IF YOU ARE UNDER 18, YOUR PARENT OR LEGAL GUARDIAN MUST SIGN THIS WAIVER!

PARTICIPANT RELEASE OF LIABILITY-READ BEFORE SIGNING

In consideration of being allowed to participate in any way in the Skate Barn program, related events, and activities the undersigned acknowledges, appreciates, and agrees that:

- 1) The risk of injury from the activities involved in these programs is significant, including potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this 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, and
- 3) I willingly agree to comply with the stated and customary terms and conditions for participation. If I observe any unusual significant concern 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) For myself and on behalf of my/our heirs, assigns, personal representatives and next of kin HEREBY RELEASE THE SKATE BARN, its officers, officials, agents, and/or employees, other participants, sanctioned events, sanctioned organizations, sponsoring agencies, sponsors, advertisers, and if applicable, owners, lessors of premises used to conduct the event (Releasees), 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.

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 INDUCEMENT. I ATTEST THAT I AM PHYSICALLY FIT AND HAVE BEEN TRAINED FOR THIS ACTIVITY. 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!

MEDICAL RELEASE: In the event that I cannot be reached in an emergency, I hereby give permission to licensed physician, surgeon, clinic, or hospital to secure proper treatment, and to order anesthesia for my child/myself as named above. MY CHILD/I AM ALLERGIC TO THE FOLLOWING MEDICATIONS:

MY CHILD/I AM TAKING THE FOLLOWING MEDICATIONS OR HAVE THE FOLLOWING CONDITIONS THAT YOU SHOULD KNOW ABOUT: _____

X _____
PARTICIPANT SIGNATURE DATE SIGNED DATE OF BIRTH

Name _____ Form of ID _____
Address _____ Email _____
City _____ State _____ Zip _____ Phone # _____
Emergency # _____

PARENT/LEGAL GUARDIAN SIGNATURE REQUIRED IF PARTICIPANT IS UNDER 18

X _____ X _____
PARENT OR LEGAL GUARDIAN DATE FORM OF ID WITNESS SIGNATURE

SIGNATURE MUST BE **NOTORIZED** UNLESS WITNESSED BY A SKATE BARN EMPLOYEE