

TnT Skatepark

WAIVER & RELEASE OF LIABILITY

READ BEFORE SIGNING

NOTE: If you are under 18 years of age, your parent or legal guardian must sign this waiver in front of a TnT Skatepark Notary Public OR have the waiver notarized away from the skate park by any Notary Public. Waiver can be printed via our website.

In consideration of being allowed to participate in any way in the TnT Skate Park athletic/sports program, related events and activities, I _____, the undersigned, acknowledge, appreciates and agree that: *(Initial EACH item below and sign IN FRONT OF A NOTARY PUBLIC)*

- _____ 1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury 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, however, I observe any unusual significant hazard during my presence and participation, I will remove myself from participation and bring such to the attention of the nearest TnT employee immediately; and,
- _____ 4. I have read and agree to ALL skate park RULES. I understand that wearing Safety Equipment is a posted RULE at TnT Skatepark, and my voluntarily choosing NOT to wear required/recommended safety equipment could lead to serious injury, including the potential for permanent paralysis and death. Any injury resulting from my refusal to wear recommended safety equipment is 100% my own responsibility, and holds harmless TnT Skateboarding LLC, and all related agencies.
- _____ 5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby RELEASE AND HOLD HARMLESS TnT Skateboarding, LLC d.b.a. Tnt Skatepark, their officers, members, officials, agents and/or employees, or participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and leasers of premises used to conduct the event (Releases), with respect to any and all injury, disability, death, loss of damage to person or property, whether arising from the negligence of the releasees or otherwise.

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.

X _____ Age: _____ Date Signed: _____
Participant's Signature

Participant's ID/Driver's License # (18 yrs+) _____ State _____

THIS IS TO CERTIFY THAT I, as parent/legal guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and for myself, my heirs, assigns, and next of kin, I RELEASE AND AGREE TO INDEMNIFY AND HOLD HARMLESS the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above. EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X _____ Date Signed: _____
Parent/Guardian's Signature

Parent/Guardian's ID/Driver's License # _____ State _____

X _____ State of: _____ County of: _____
Signature of NOTARY PUBLIC

COMMISSION EXPIRES: _____

S E A L

TnT Skatepark

PARTICIPANT INFORMATION

PARTICIPANT NAME: _____
FIRST NAME (PRINT) LAST NAME

PARTICIPANT PHONE (H) _____ (W) _____ (C) _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

EMAIL: _____ BIRTHDATE: _____

PRIMARY GUARDIAN: _____ PHONE: _____

SECONDARY GUARDIAN: _____ PHONE: _____

EMERGENCY CONTACT: _____ RELATION: _____

EMERGENCY PHONE (H) _____ (W) _____ (C) _____

ANY MEDICAL CONDITIONS: _____

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 treatment, and to order anesthesia, for my child/myself as named above.”

My child/I (participant) am allergic to the following medications: _____

Doctor to be notified in case of emergency: _____

Doctor's Phone number: (_____) _____

SIGNATURE: X _____
Legal Guardian / Parent or Participant (Over 18) Signature

X _____ State of: _____ County of: _____
Signature of NOTARY PUBLIC

COMMISSION EXPIRES: _____

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