



The Avenue Skatepark

Print This Page and Sign or Have Signed and Notarized By Legal Guardian

1. Applicants age 18 and over complete and sign part 'A'.
2. Applicants under 18 must have part 'A' signed and have parent or guardian complete part 'A' and sign part 'B' in the presence of a park employee or be notarized.
3. Please read carefully.

Part A

In consideration of being allowed to participate in any way in the program, parks, related events, activities, and all other sanctioned parks and events the undersigned acknowledges, appreciates, and agrees that:

ACKNOWLEDGEMENT OF RISKS: I understand and acknowledge that there are risks and dangers inherent in aggressive skating, and the type of activities conducted at Mama's Deuce Indoor Skate Park & Pro Shop, Inc. (DBA, The Avenue Skatepark), and that use of a skateboard, BMX, and/or rollerblades on ramps and other skating surfaces many involve hazards and risk of injury, including, but not limited to, the following:

Head, neck, or spinal injuries, including without limitation, concussion, shock, paralysis, and death; sprains, broken bones and fractures, facial or eye injuries, torn muscles and/or ligaments, cuts, wounds, scrapes, abrasions, contusions, strained muscles, dehydration, oxygen shortage, and other physical injury.

EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY: In recognition of the risks and dangers inherent in the activities conducted at The Avenue Skatepark, I hereby warrant and confirm that I am physically and mentally capable of participating in the activity and using the equipment available at The Avenue Skatepark, and I elect to participate IN SPITE OF THE RISK AND WITH FULL KNOWLEDGE AND DISCLOSURE THEREOF. If I am signing for my child, I hereby warrant and confirm that my child is physically and mentally capable of participating in the activity and using the equipment available at The Avenue Skatepark, and I approve and consent to my child's participation IN SPITE OF THE RISK AND WITH FULL KNOWLEDGE AND DISCLOSURE THEREOF. I (we) participate willingly and voluntarily. I assume full responsibility for personal or damage, even if caused in whole or part by the negligence of The Avenue Skatepark and its principles, owners, directors, officers, agents, patrons, employees, and volunteers. I assume the risk of personal injury, accidents and/or illnesses, including but not limited to sprains, torn muscles and/or ligaments, fractured or broken bones, eye damage, cuts, wounds, scrapes, abrasions, and/or contusions, dehydration, oxygen shortage, head, neck and/or spinal injuries, shock; paralysis, and/or death and **ACKNOWLEDGEMENT** that if, during the activity, a participant experiences fatigue or dizziness it may diminish my/ his or her reaction time and increase risk of an accident.

RELEASE: In consideration of services or equipment provided, and in consideration for admittance to and use of The Avenue Skatepark's facilities, I, for myself or my child as parent or legal guardian, and/or any heirs, executors, administrators, principles, owners, directors, officers, agents, employees, patrons and volunteers, and each and every land owner on whose property any activity is conducted, **FROM ALL LIABILITY AND WAIVE ANY CLAIM FOR DAMAGE AND ANY RIGHT OF ACTION** arising from any cause, including the negligence of those persons and/or entities released. In further consideration for services or equipment provided, and in further consideration for admittance to and use of The Avenue Skatepark's facilities, I, for myself or for my child as parent or legal guardian, and/or any heirs, executors, administrators, personal representatives or assigns, do hereby agree to indemnify and hold harmless The Avenue Skatepark, and its principles, owners, directors, agents, employees, patrons and volunteers, and each and every land owner on whose property any activity is conducted, from any liability, loss, damage, claims, lost or stolen participant's personal property and/or belongings, or causes of action, including attorneys fees, and expenses of litigation incurred in defending any claim brought by or on behalf of myself or my child for injuries received, even if those injuries are caused or alleged to be caused in whole or in part by the negligence of those persons or entities released.

PHOTO RELEASE: I hereby voluntarily consent and agree that The Avenue Skatepark may, at any time hereafter, and at The Avenue Skatepark's sole discretion, use any and all photographic materials and/or video materials depicting myself, or my child, in any manner deemed suitable by The Avenue Skatepark. I fully understand and acknowledge that this may include, but is not limited to; use of such materials in any magazine, newspaper, newsletter, flyer, brochure, promotional literature, or any other type of publication. I also fully understand and acknowledge that this may also include, but is not limited to, use of such materials in any videos, new programs, or documentaries, produced or distributed by The Avenue Skatepark.

My signature below indicates that I have read this entire document, understand the document completely, understand that signing the document affects my and/or our legal rights, and agree to be bound by the document's terms. I and/or we also agree to abide by the set rules set forth by The Avenue Skatepark set herein.

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 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!

I AGREE TO ASSUME FULL RESPOINSIBILTY FOR ALL INJURIES AND MEDICAL EXPENSES INCURED WHILE RIDING IN THIS PARK, EVENT OR PROGRAM.

X _____
PARTICIPANT SIGNATURE PRINT NAME DATE OF BIRTH

Address: _____ apt # _____ city: _____ state: _____ zip: _____

Phone #: (____) _____ Emergency Phone # (____) _____.

DRIVERS LICENSE # _____

Part B

If participant is under 18:

X _____
PARENT or GUARDIAN SIGNATURE DATE SIGNED RELATIONSHIP

ADDRESS & PHONE # (if different from above) _____.

PARENT or GUARDIAN NAME (Please Print): _____

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 am allergic to the following medications: _____
signature _____

DOCTOR to be notified in case of emergency: _____
SIGNATURE MUST BE NOTARIZED UNLESS WITNESSED BY A SANCTIONED: PARK, EVENT OR ORGANIZARTIONS OFFICIAL OR DIRECTOR. ALL SKATERS / MEDIA MUST HAVE PHOTO I.D. TO ENTER THE SKATEPARK OR EVENT.

The Avenue's SIGNATURE: _____

Notary Signature

Notary Date