

**READ ENTIRE FORM CAREFULLY BEFORE SIGNING**

WAIVER AND RELEASE OF LIABILITY, COVENANT NOT TO SUE AND INDEMNITY AGREEMENT FOR " NATIONAL GO SKATEBOARDING DAY" PROCESSION.

PARENTS, GUARDIANS AND PARTICIPANTS (TERM "PARTICIPANT" APPLIES TO MINORS AS WELL AS RIDERS OVER 18 YEARS OLD); THESE EVENTS HAVE LIMITED REGISTRATION; SIGNATURES ON THIS PARTICIPATION DOCUMENT DOES NOT GUARANTEE ENTRY. PARENT OR GUARDIAN SIGNATURE IS MANDATORY FOR MINORS PARTICIPANTS. SAFETY GEAR IS NOT MANDATORY BUT IS HIGHLY RECOMMENDED FOR THE SAFETY OF THE PARTICIPANT. THIS IS A SKATE AT YOUR OWN RISK EVENT.

In consideration for allowing participant to participate in any way in or activity encompassed by this agreement and or permitting Participant and Parent Guardian, to enter, for any purposes. Participant and Parent or Guardian agrees to the following:

1. Participant and Parent or Guardian will immediately inspect the restricted area upon entering it and warrant that their entry therein and or Participant's participation constitutes an acknowledgement that they have so inspected the restricted area and find it safe and suitable for its intended use. The undersigned further agree that they will immediately advise the event sponsor of any unsafe conditions (s) and will remove themselves from the restricted area and refuse to participate.
2. Participant and Parent or Guardian hereby assumes full responsibility for risk of bodily injury including permanent disability and severe economic and/ or social losses death or property damages arising from their participation in the events listed herein. Each signatory hereto further acknowledges that here are risk and dangers associated in participation in the event and admission to the restricted area, that such risk and dangers may be caused by negligent action or failure to act of other persons located within the restricted area or participating in the event, and are or may not be reasonable foreseeable and such risk are assumed notwithstanding.
3. Participant and Parent or Guardian assume all of the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability, death, or property damage.
4. Participant and Parent or Guardian hereby release, waive, discharge and covenant not to sue the Tinnell memorial Sports Park Committee, Lake Havasu City main street association or Lake Havasu City, its officers, employees, agents and volunteers and sponsors conducting or providing support for or products or services for during the event or within the restricted area, from liability for any and all injuries, claims, demands, losses or damages arising from Participants participation, or the presence of Participant or Parent or Guardian, in or at the event or restricted area, caused or alleged to be caused in whole or in part by the Tinnell Memorial Sports Park Committee or Lake Havasu City, its officers employees, agents, volunteers and sponsors, or otherwise.
5. Participant and Parent or Guardian hereby indemnify Tinnell memorial Sports Park Committee and Lake Havasu City, its officers and employees and agents, volunteers and sponsors participating in or conducting or providing support or products or services for use during the event, from any claims for injuries or damages to any person or property resulting from or arising out of participant's participation in the event or presence in the restricted area.
6. This document is intended to be as broad and inclusive as permitted by the laws of the United States, the State of Arizona, Lake Havasu City or any other relevant jurisdiction. If any portion hereof is held invalid, it is agreed that the remainder shall continue.
7. Parents and Guardians hereby acknowledge that they are executing this waiver, release of liability, covenant not to sue and indemnification agreement on behalf of themselves, their minor child participation in the event or entering or remaining in the restricted area, their heirs and assigns.

Each of the signatories hereto has read now and voluntarily signs the waiver, release of liability, covenant not to sue and indemnity agreement set forth herein. It is further understood that this waiver is applicable only to the events involving the National Go Skateboarding Day on June 21, 2011.

Participant's Name (please Print) \_\_\_\_\_

Legal Parent or Guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Tinnell Memorial Sports Park Committee Hosts  
National Go Skateboarding Day Event  
June 21<sup>st</sup>

Participant Information	Please Print and Complete in Full			
NAME: LAST AND FIRST	DOB	AGE	M/F	
ADDRESS	HOME OR CELL PHONE			
CITY	STATE			
PARENTS NAME	PHONE			
IN CASE OF EMERGENCY CONTACT:				
My child is physically able to participate in all activities      YES /NO				
NOTE: PHOTOGRAPHS & VIDEO MAY BE TAKEN FOR PROMOTIONAL PURPOSES DURING THIS SPECIAL EVENT. IF YOU <u>DO NOT</u> WISH TO HAVE YOUR CHILD'S PHOTOGRAPHS PUBLISHED IN BROCHURES AND OR MEDIA RELEASES PLEASE INITIAL HERE _____				
MY CHILD HAS MY PERMISSION TO PARTICIPATE IN THE EVENT BELOW				
PARENT OR GUARDIAN SIGNATURE _____ DATE _____				
JUNE 21, 2011 MY CHILD WILL PARTICIPATE IN NATIONAL GO SKATEBOARDING DAY PROCESSION FROM UTILITY BOARD SHOP TO ROTARY PARK SKATEPARK. THERE WILL BE ADULT SUPERVISION ALONG WITH LAKE HAVASU CITY POLICE ASSISTANTS.				
Emergency Medical Release ( for participants 17 and under) - To Whom It May Concern I declare that I am the parent or legal guardian of the above name participants. I have full custody and control of the child. To the best of my knowledge my child is in good health and is adequately immunized to participate in the National Go Skateboarding Day Events. In the event my child injured or should require medical attention, I hereby authorize that staff and or volunteers to secure necessary medical treatment for my child. I further acknowledge that I will be responsible for any medical or hospital fees or costs associated prior to treatment by calling me at the above listed numbers. In case I cannot be reached for an emergency, medical treatment, x-rays, anesthesia or surgery by a qualified physician may proceed without further authorization. Signed _____ Date _____				
Liability Waiver( No registration will be accepted without a signed waiver) In consideration of the opportunity afforded myself and or my child by the Tinnell Memorial Sports Park Committee, I hereby release the Tinnell Memorial Sports Park, Lake Havasu City Main Street Association, the City of Lake Havasu, Its Board or Director, its employees and volunteers from all actions, damages, claims and demands, in law or in equity, of every kind and character I may now or hereafter have against them. Signed _____ Date _____				