

**Tinnell Memorial Sports Park Committee Hosts  
National Go Skateboarding Day Event  
June 21, 2016**

<b>Participant Information</b>	<b>Please Print and Complete in Full</b>			
<b>NAME: LAST AND FIRST</b>	<b>DOB</b>	<b>AGE</b>	<b>M/F</b>	
<b>ADDRESS</b>	<b>HOME OR CELL PHONE</b>			
<b>CITY</b>	<b>STATE</b>			
<b>PARENTS NAME</b>	<b>PHONE</b>			
<b>INCASE OF EMERGENCY CONTACT:</b>				
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, 2016 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.				
<b>Emergency Medical Release ( for participants 17 and under)- To Whom It May Concern</b>				
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 _____				
<b>Liability Waver( No registration will be accepted without a signed waiver)</b>				
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, 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 _____				