

Conyers First UMC SKATEPARK WAIVER & RELEASE FORM
IF YOU ARE UNDER 18 YOUR PARENT OR LEGAL GUARDIAN MUST SIGN THIS WAIVER.

PARTICIPANT RELEASE OF LIABILITY –
READ BEFORE SIGNING

The undersigned acknowledges and agrees to the following in consideration of being allowed to participate in anyway at THE CONYERS FIRST METHODIST CHURCH SKATE PARK:

1. The risk of injury from the activities involved is significant. There is the potential for permanent disability and death. Rules, regulations, and safety equipment may reduce this risk but the risk of serious injury to me does exist and
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, EVEN IF ARISING FROM THE NEGLIGENCE OF MYSELF OR OTHERS, and I assume full responsibility for my participation; and,
3. I willingly agree to comply with the terms and conditions for participation set forth by Conyers first United Methodist Church. If I feel that for any reason that I am not able to participate or notice any concerns about other participants or the park itself, I will remove myself from participation and bring such to the attention of the nearest Conyers First UMC official: and,
4. I, for myself and on behalf of my heirs, assigns, and next of kin hereby release: Conyers First United Methodist Church, it's officers, officials, agents, and/or employees, other participants, sanctioned events, sanctioned parks, sanctioned organizations, sponsoring agencies, sponsors, advertisers, and its applicable, owners and lessors of premises used to conduct the event ("Releases"), 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 heirs, assigns and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all of the above Releases 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 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.

X _____
PARTICIPANT SIGNATURE DATE SIGNED DATE OF BIRTH

Printed Name ID if over 18

Address _____ City _____ State _____ Zip _____

IF PARTICIPANT IS UNDER 18 YEARS OF AGE

This is to certify that I, as parent/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, heirs 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 extend permitted by law.

X _____
Parent or legal guardian's signature Date Signed

Emergency Phone # Day _____ Evening _____

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 or have the following conditions:

X _____
Legal guardian/parent or 18+ yr old participant signature

WITNESS SIGNATURE _____ DATE SIGNED: _____