



Date: _____
Year: 2010

FIRST BAPTIST CHURCH OF LAKEWOOD – SKATE PROGRAM

WAIVER/PARTICIPANT RELEASE OF LIABILITY – READ BEFORE SIGNING

5336 E. Arbor Rd. Long Beach, CA 90808 (562) 420-1471 www.lakewoodsk8.org

In consideration of being allowed to participate in any way in the First Baptist Church of Lakewood Skate Program, the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury to me 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, 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 I observe any unusual significant concern in my readiness for participation and/or in the program itself, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE FIRST BAPTIST CHURCH OF LAKEWOOD, its employees, volunteer staff, other church representatives, other participants, and sponsors ("Releasees"), 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; and,
5. I, for myself and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY IDEMNIFY AND HOLD HARMLESS the above Releasees from 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 reasons or purpose. I WANT TO PARTICIPATE IN THIS HAZARDOUS SPORT!

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

I PLAN TO (CIRCLE EACH ONE THAT APPLIES) SKATE BMX SCOOTER INLINE HANG OUT PLAY VIDEO GAMES
NEW _____ RENEW _____

 PARTICIPANT SIGNATURE PRINT NAME DATE OF BIRTH

Primary Address: _____ Apt # _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ (N/A if none) Primary Household Email Address: _____

School: _____ Elementary / Middle / High School / College (circle) HS Graduation Year: _____

Student's Cell Phone: (____) _____ Student's Email Address: _____

Please include Guardian information for the above address ONLY! A secondary form must be filled out if you split time between two different households / guardians.

Guardian 1 Name: _____ Relationship _____ Guardian 2 Name: _____ Relationship _____

Mobile Phone: (____) _____ (N/A if none) Mobile Phone: (____) _____ (N/A if none)

Emergency Contact #1 Name: _____ Relationship: _____

Emergency Phone Number: (____) _____ Same as above address? Yes / No (circle)

Please include information for the FIRST person you would like contacted in case of an emergency.

IF PARTICIPANT IS UNDER 18:

 PARENT/GUARDIAN SIGNATURE PRINT NAME DATE

FORM OF IDENTIFICATION: _____ RELATIONSHIP TO PARTICIPANT: _____

MEDICAL RELEASE: In the event that I cannot be reached in an emergency, I hereby give permission to any licensed physician, dentist, 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: _____ Phone Number: (____) _____

-----Staff Use Only-----
SIGNATURE MUST BE NOTARIZED UNLESS WITNESSED BY A SACTIONED: PARK, EVENT OR ORGANIZATIONS OFFICIAL OR DIRECTOR.

STAFF/WITNESS SIGNATURE: X _____

1 Year Fee \$30 (for Skate/BMX/Scooter/Inline Only) Cash _____ Check _____ Staff _____