



Orlando Skate Park

SKATE PARK WAIVER & RELEASE FORM

For Minors

**IF YOU ARE UNDER 18, YOUR PARENT OR LEGAL GUARDIAN MUST SIGN THIS WAIVER.
PARTICIPANT RELEASE OF LIABILITY
READ BEFORE SIGNING**

In consideration for my child or ward, _____ (**Minor Participant's Name**), being allowed to participate in any way at Orlando Skate Park, its related events, and activities, 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 my child or ward does exist; and,
2. I, ON BEHALF OF MYSELF AND MY CHILD OR WARD, KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES (as defined in paragraph 4 below) or others, and assume full responsibility for my child or ward's participation; and,
3. I willingly agree to comply with and to make my child or ward aware of the stated and customary rules, terms and conditions for participation.(See Reverse for some of these rules.) If I or my child or ward observe any unusual significant concern in his/her readiness for participation and/ or in the program itself, either my child or ward or I will remove him/her from participation and bring such to the attention of the nearest Orlando Skate Park official immediately; and,
4. I, FOR MYSELF AND ON BEHALF OF MY CHILD OR WARD AND OUR HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN, HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS THE CITY OF ORLANDO, FLORIDA AND THEIR OFFICERS, ELECTED OFFICIALS, AGENTS, EMPLOYEES, OTHER PARTICIPANTS, SANCTIONED EVENTS, SANCTIONED ORGANIZATIONS, SPONSORING AGENCIES, SPONSORS, ADVERTISERS, AND IF APPLICABLE, OWNERS AND LESSORS OF ORLANDO SKATE PARK ("RELEASEES") FROM ANY AND ALL CLAIMS ARISING OUT OF MY PRESENCE AT ORLANDO SKATE PARK, INCLUDING, BUT NOT LIMITED TO, CLAIMS FOR ANY AND ALL INJURIES, DISABILITY, DEATH,OR LOSS OR DAMAGE TO PERSON OR PROPERTY,WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, TO THE FULLEST EXTENT PERMITTED BY LAW, INCLUDING ATTORNEY'S FEES AND ATTORNEY'S FEES ON APPEAL.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, REVIEWED IT WITH MY CHILD OR WARD AND WE FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. I attest that my child or ward is physically fit and has been trained for this activity. I also waive and release the use of my and my minor child or ward's photograph or likeness for any reason or purpose. **I WANT MY CHILD OR WARD TO PARTICIPATE IN THIS HAZARDOUS SPORT!** I certify that I am 18 years of age and that I am entering into this agreement and the Medical Release as the parent or legal guardian for the minor Participant named above and that I also have the authority to do so on behalf of the Participant's other parents or guardians.

This waiver, release and indemnity shall be governed by the laws of the State of Florida, and any legal action relating to or arising out of this Agreement shall be commenced exclusively in the Circuit Court of the Ninth Judicial Circuit in and for Orange County, Florida (or if such Circuit Court shall not have jurisdiction over the subject matter thereof, then to such other court sitting in said county and having subject matter jurisdiction.

UNDER FLORIDA LAW, THE CITY OF ORLANDO IS NOT LIABLE TO ANY PERSON WHO VOLUNTARILY PARTICIPATES IN SKATEBOARDING, INLINE SKATING, OR FREESTYLE OR MOUNTAIN AND OFF-ROAD BICYCLING FOR ANY DAMAGE OR INJURY TO PROPERTY OR PERSONS WHICH ARISES OUT OF A PERSON'S PARTICIPATION IN SUCH ACTIVITY, AND WHICH TAKES PLACE IN AN AREA DESIGNATED FOR SUCH ACTIVITY.

MEDICAL RELEASE: In the event that I am unable to be reached in an emergency, I hereby give permission for medical treatment, and related transportation, to any licensed physician, surgeon, clinic, hospital, or ambulance service to secure proper treatment, and to order anesthesia, for my child as named above.

My child is allergic to the following medications: _____

SIGNATURES MUST BE NOTARIZED UNLESS WITNESSED BY AN AUTHORIZED EMPLOYEE OF THE ORLANDO SKATE PARK.

SPORT: Skateboarding Rollerblading BMX

PLEASE PRINT LEGIBLY

Parent/Legal Guardian
Printed Name: _____ **Signature:** _____ **Date:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Driver's license/ID #: _____ **Phone #:** _____ **Alt Phone #** _____

PARTICIPANT NAME _____ **Date of Birth:** _____

School Name: _____ **E-Mail:** _____

ORLAND SKATE PARK STAFF SIGNATURE _____ **Date Signed** _____

NOTARY INFORMATION: