

Gaithersburg Skate Park Registration

Skate Park and Skateboard Use Agreement 510 S. Frederick Ave., Gaithersburg, MD 20877

Ph: 301-258-6359 Fax: 301-948-8364

www.gaithersburgmd.gov		
I know, understand, and acknowledge that there are risks associated with the use of City buildings/equipment/personal property and hereby assume any and all risks and hazards associated therewith, and shall be solely responsible for safe and reasonable use.		
hereby irrevocably waive any and all claims against the City of Gaithersburg or any of its officials, employees, or agents for any bodil njury (including death), loss or property damage incurred as a result of using the buildings/equipment/personal property and hereb rrevocably release and discharge the City and any of its officials, employees, or agents from any and all claims of liability arising out cor associated with the use of the buildings/equipment/personal property.		
I shall indemnify and hold harmless the City and its official settlements, losses, costs, or charges (including attorney result of any claim, demand, action, or suit relating to an out of, related to or associated with the use of the buildivitees. I also consent to the City's use of any photograph.	y's fees) incurred by the City or any of it ny bodily injury (including death), loss or ings/equipment/personal property by its	s officials, employees or agents as a property damage caused by, arising members, employees, agents, or in-
I agree to follow all Skate Park rules and regulations and a al from the Skate Park if I do not follow any rules, regula at the Skate Park, to use it according to any rules, regula received it when requested and before I leave the Skate F	tions or instructions. If I use a City-provications or instructions, and to return it in	ded skateboard, I agree to use it only
The City of Gaithersburg transfers all risk to		
	Print Participant's Name	DOB (mm/dd/year)
Signature (parent/guardian if under 18)	Printed Name (p	parent/guardian if under 18)
REGISTRATION & EM	ERGENCY CONTACT INFORM	ATION
☐ Check here if new address/phone since last tir	ne registered.	
Parent Last Name	Parent First Name	
Address	City/State/Zip	
Home Phone Cell Phon	e □	City Resident Nonresident
Emergency contact number		
\square YES! I would like to be added to the Skate Par	k e-mail list! (Please neatly print e	entire e-mail address below.)
Does your child have any allergies, medication or condition Please specify:		ram? Y N

The City of Gaithersburg is committed to making reasonable accommodations as required by the Americans with Disabilities Act. Requests must be made at least three weeks prior to the start of the program. Please call 301-258-6350 to indicate what accommodations are needed.

OFFICE USE ONLY:		
Rec'd:	Initials	
WPMF	Resident: Y N	