

NEWTOWN PARKS AND RECREATION SKATE PARK

WAIVER AND RELEASE FORM

If you are under 18, your parent or legal guardian must sign this waiver. -- Participant Release of Liability

READ BEFORE SIGNING

Consideration of being allowed to participate in any way in the skate park of Newtown Parks and Recreation, related events, activities, and all other sanctioned 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 reduced 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 RELEASED PARTIES or others, and I 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 HEARBY RELEASE The Town of Newtown and Newtown Parks and Recreation and its officers, officials, agents and/or employees, other participants, sanctioned events, sanctioned parks, sanctioned organizations, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Released Parties"). 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 RELEASED PARTIES OR OTHERWISE, to the fullest extent permitted by law.
5. I, for myself and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the Released Parties from any and all liabilities arising in any way from my involvement or participation in these programs. EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.
6. We (I) authorize the personnel of Newtown Parks and Recreation, in whose care the minor has been entrusted, to consent to any X-Ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care to rendered to the minor under the general or specific supervision and on the advice of any physician or dentist licensed in the state where such diagnosis, treatment and care are provided, whether diagnosis or treatment is rendered at the office of a physician or at a clinic or hospital.
7. Should it be necessary for our (my) child to be transported by emergency vehicle due to medical reasons or otherwise, the undersigned assumes and agrees to pay all transportation costs.
8. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with the medical authorization provided in this document.
9. We (I) hereby grant Newtown Parks and Recreation the absolute right and permission to copyright and use, re-use, publish, and re-publish photographic portraits or pictures of me or our (my) child or in which I or our (my) child may be included in whole or in part, or composite or distorted in character or form, without restriction as to changes or alterations, in conjunction with our (my) child's own or fictitious name, made through/for any medium for use in any art, advertising, trades, or any other purpose whatsoever. I also consent to the use of any material printed in conjunction therewith. I hereby waive any right that I or the minor may have to inspect or approve the finished product or products or the advertising copy or printed matter that may be used in connection therewith or the use to which it may be applies.
10. Participants will be sent home at the expense of the parent if, after being given one warning, participants still break Newtown Parks and Recreation rules.

X _____
 Participant's Signature Date Signed Grade Date of Birth Male/Female

Interests (Circle all applicable): Skateboarding / BMX / Inline

Participant Name (printed) _____ Email: _____

Mailing Address: _____ City: _____ State _____ Zip: _____

Phone (____) _____ School Name: _____

X _____
 Parent/Legal Guardian signature (if Participant is under 18 years of age) Date Signed Drivers License # or Identification

Parent/Legal Guardian Name (print) _____

Emergency Phone: (____) _____ Name of Emergency Contact: _____

Doctor to be notified in emergency: _____ Phone: (____) _____