Harrisonburg Parks and Recreation Department
Westover Skate Park Waiver and Liability Release Form

If you are under the age of 18, your parent or legal guardian must sign this waiver. Participant's release of liability - read before signing – a helmet decal issued by Harrisonburg Parks and Recreation will indicate that the waiver is on file and whether you are a city resident or live outside of Harrisonburg.

Name_____Age_____
Last First Middle

Address_____

City_____ State_____ Zip_____ Date of Birth_____

_____ Harrisonburg City Resident _____ I live outside of Harrisonburg City School_____

Home Phone_____ Work Phone_____ Cell Phone_____

Emergency Contact_____ Phone_____

I hereby, express my desire and intent to use the City of Harrisonburg, Department of Parks and Recreation's Westover Skate Park, or grant permission for the above named child's use of this facility; and I/we agree as follows:

PARENT INFORMED CONSENT AND RELEASE: I understand that both experienced and inexperienced skateboarders/skaters may use this facility, and I acknowledge and understand that there are risks and dangers inherent in skateboarding/skating, and that serious injury, disability, paralysis, or death may result from by/the above named child's use of this facility. With full knowledge, comprehension, and understanding of these dangers, I voluntarily accept and assume all risks involved in the sport of skateboarding/skating for myself or the above named child, and agree that I/the above named child will wear all appropriate safety equipment and that I/the above named child will use only equipment that is appropriate for my size and skill level. I/the above named child will use this facility responsibly to avoid injury to myself and others. While particular rules, equipment, and personal discipline may reduce the risk of accident/injury; the risk still does exist.

I certify that I/the above named child, to the best of my knowledge, is in proper physical condition for this activity, have no physical, mental, or emotional condition which might be aggravated by this activity, which might in any way inconvenience or endanger staff or other participants, or which might impair my ability/the above child's ability to participate in and withstand all possible skateboarding/skating activity.

In case of emergency, I authorize the Harrisonburg Parks and Recreation Department personnel to administer first aid treatment, to secure the services of a physician, to transport me/the above named child to an emergency facility for treatment, all at my expense, and to try to notify me or my contact person.

I will obey all rules of conduct, regulation and directives the Harrisonburg Parks and Recreation Department , its employees, and all program volunteers or staff , as well as other persons connected with the Harrisonburg Parks and Recreation Department and this facility, from all claims relating to personal injury or property damage that I/the above named child may sustain by reason of my/our use of this facility and its equipment or my/our violation of any rules and regulations of this facility.

No medical insurance or insurance coverage of any kind is provided by the City of Harrisonburg. The City of Harrisonburg strongly recommends that each participant have some type of accident medical insurance for his/her protection. I agree to pay any and all attorney's fees and costs incurred by the Harrisonburg Parks and Recreation Department arising from any claim made or action brought against the City of Harrisonburg, it's independent contractors and their representatives, employees or volunteers, if any action or any claim is initiated arising out of any matter covered by this release. This agreement shall be effective and binding upon heirs, agents, personal representatives and assigns.

_____ _____ _____
Participant's Signature Printed Name Date

For the participants under the age of 18:
I/we the parent(s) of, or the legal guardian(s) for_____ have read, understand, and agree to the above statements and hereby consent to him/her participating in the designated program. I have signed this document signifying my agreement and consent. I also grant permission for photography that includes my child to be used in media releases that benefit the Westover Skate Park.

_____ _____ _____
Parent/Guardian's Signature Printed Name Date