



I HAVE READ, UNDERSTAND AND AGREE TO BE BOUND BY THE RULES OF SAFETY/CONDUCT GOVERNING MY CONDUCT WHILE USING THE PARK. I UNDERSTAND THAT THESE RULES ARE STRICTLY ENFORCED. 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 hereby grant permission to SK8 ASYLUM, the right to use my voice and/or likeness, and photographs taken by SK8 ASYLUM in advertising and promotional materials feature use including radio, television, video, newspaper, magazines, programs, print advertisements, web and all other media in perpetuity. I WANT TO PARTICIPATE IN THIS HAZARDOUS SPORT! I, MY FAMILY MEMBERS, AND GUESTS AGREE TO ASSUME FULL RESPONSIBILITY FOR ALL INJURIES AND MEDICAL EXPENSES INCURED WHILE RIDING IN THIS PARK, EVENT OR PROGRAM.

I hereby certify that I am over 18 years of age. I have carefully read the foregoing and acknowledge that I understand and agree to all of the above terms and conditions. I have had the opportunity to ask any and all questions regarding this agreement and the effect of the same. I am aware that by signing this Agreement, I assume all risks, waive, and release certain substantial rights that I may have or possess.

Participant's Signature _____ **Today's Date** _____

Print Name _____ **Birth Date** _____

Address _____ **City** _____

State _____ **Zip** _____ **Email** _____

Home # _____ **Cell #** _____

PARENT'S OR LEGAL GUARDIAN'S ADDITIONAL INDEMNIFICATION
(Must be completed for participants (by parents or legal guardian) if under the age of 18)

In consideration of _____ (print minor's name) ("Minor") being permitted by SK8 ASYLUM to participate and use its equipment and facilities, I further agree to indemnify and hold harmless SK8 ASYLUM from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by minor.

Parent or Legal Guardian Signature _____

Print Name _____ **Today's Date** _____

Home # _____ **Cell #** _____

Does Minor have any medical conditions or allergies? _____

Alternate Person to Notify in Case of Emergency _____

Phone # _____ **Relationship** _____

THIS FORM MUST BE NOTARIZED OR SIGNED AT SK8 ASYLUM IN PRESENCE OF EMPLOYEE



ACKNOWLEDGMENT

State of _____

County of _____

On _____ before me, _____, Notary Public, personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of _____ that the foregoing paragraph is true and correct.



WITNESS my hand and official seal.

[Place Notary Seal Above]

SIGNATURE OF NOTARY