CALVARY CHAPEL YOUTH CENTER
SKATEPARK WAIVER & RELEASE FORM

IF YOU ARE UNDER 18 YOUR PARENT OR LEGAL GUARDIAN MUST SIGN THIS WAIVER

PARTICIPANT RELEASE OF LIABILITY—READ BEFORE SIGNING

In consideration of being allowed to participate in any way in the Skatepark program and any other Calvary Chapel Youth Center events and activities, the undersigned acknowledges, appreciates and agree 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 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 RELEASEES or others, and 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, for myself and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE CALVARY CHAPEL YOUTH CENTER AND CALVARY CHAPEL OF EL CAJON, its officers, officials, agents, and/or employees and other participants WITH RESPECT TO ANY AND ALL INJURY, DISABILTY, DEATH, or loss or damage to person or property incident to my involvement or participation in these programs, WHETHER ARISING FROM NEGLIGENCE OF THE RELEASEES 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 above Releases from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent of the law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT AND FULLY UNDERSTAND IT'S 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 also waive and release the use of my photograph or likeness for any reason or purpose. I WANT TO PARTICIPATE IN THIS HAZARDOUS SPORT.

X_____ _____ _____

PARTICIPANT SIGNATURE DATE SIGNED DATE OF BIRTH

Participant's Printed Name_____ Parent/Guardian Name_____

Address_____ City, State, Zip_____

Home Phone_____ Emergency Contact Phone_____

IF PARTICIPANT IS UNDER 18 YEARS OF AGE, PARENT/GUARDIAN CONSENT IS REQUIRED

PARENT/GUARDIAN SIGNATURE_____ DATE SIGNED_____

MEDICAL RELEASE: In the event I cannot be reached in an emergency, I hereby give permission to any licensed physician, surgeon, clinic or hospital to secure proper treatment and to order anesthesia for my child/myself as named above. My child/I am allergic to the following medications_____

Medical/Health Insurance Co._____ Medical Record Number_____

Preferred Hospital_____ Doctor's Name_____

In case of emergency, Notify_____ Relationship to Minor_____

Name Phone