

**YR _____ --JOEL'S PLACE WAIVER / PARTICIPANT RELEASE OF LIABILITY –
READ BEFORE SIGNING**

In consideration of being allowed to participate in any way in the program, park, related 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 reduce this risk, the risk of serious injury to me/my child 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/my child's 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 WELLSRING REVIVAL MINISTRIES, INC, 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 ("Releasees"), 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 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 Releasees 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 WANT TO PARTICIPATE IN THIS HAZARDOUS SPORT! I AGREE TO ASSUME FULL RESPONSIBLTY FOR ALL INJURIES AND MEDICAL EXPENSES INCURED WHILE RIDING IN THIS PARK, EVENT OR PROGRAM. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. Initial and sign below....

- I attest that I am physically fit and have been trained for this activity.
- I also waive and release the use of my child's or my photograph or likeness for any reason or purpose. Cameras are allowed in the park and I understand I will not be able to skate during filming if this is not initialed.
- My child has permission to ride in a car/van with skate park staff or volunteers for approved activities or in the event of an emergency. Please write "no" if you read and do not agree with this statement!

X _____ X _____
PARTICIPANT SIGNATURE PRINT NAME DATE OF BIRTH
Address: _____ apt # _____
City: _____ State: _____ Zip: _____
Phone: (____) _____ Emergency Contact # (____) _____ Name _____

If participant is under 18:
X _____ X _____
PARENT SIGNATURE DATE SIGNED DRIVERS LICENSE or ID # include state

PARENT'S PRINTED NAME: X _____

MEDICAL RELEASE: In the event that 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.
Signature: X _____

My child/I am allergic to the following medications: _____
Name of medication

DOCTOR to be notified in case of emergency: X _____
Name Phone

SIGNATURE MUST BE NOTARIZED UNLESS WITNESSED BY A SANCTIONED: PARK, EVENT OR ORGANIZATIONS OFFICIAL OR DIRECTOR. ALL SKATE PARK RIDERS/USERS/MEDIA MUST HAVE PHOTO I.D. TO ENTER THE SKATEPARK OR EVENT.

WITNESS SIGNATURE: _____ DATE SIGNED: _____ Skate Park Member _____