

## **SKATEBOARDING WAIVER & RELEASE FORM PARTICIPANT RELEASE OF LIABILITY—READ BEFORE SIGNING**

In consideration for being allowed to participate (skateboard) in any way at REVOLUTION457 // LIVING WATERS CHRISTIAN ASSEMBLY, its 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 loss, 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 (as defined in paragraph 4 below) or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary rules, terms and conditions for participation. ; and
4. **I, FOR MYSELF AND ON BEHALF OF MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN, HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS REVOLUTION457 // LIVING WATERS CHRISTIAN ASSEMBLY, FROM ANY AND ALL CLAIMS ARISING OUT OF MY PRESENCE AT REVOLUTION457 // LIVING WATERS CHRISTIAN ASSEMBLY, INCLUDING, BUT NOT LIMITED TO, CLAIMS FOR ANY AND ALL INJURIES, DISABILITY, DEATH, LOSS OR DAMAGE TO PERSON OR PROPERTY, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, TO THE FULLEST EXTENT PERMITTED BY LAW, INCLUDING ATTORNEY'S FEES AND ATTORNEY'S FEES ON APPEAL.**

**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 I am prepared 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!**

**MEDICAL RELEASE:** In the event that I am unconscious or otherwise unable to make medical decisions for myself in an emergency, I hereby give permission for medical treatment, and related transportation, to any licensed physician, surgeon, clinic, hospital or ambulance service to secure proper treatment, and to order anesthesia, for myself as named above. I am allergic to the following medications:

**please list here ::**

**ALL RIDERS MUST BRING THEIR OWN HELMET AND WEAR IT!!!\***

**REVOLUTION457 SKATEBOARDING INFO SHEET**

**PARTICIPANT SIGNATURE** (if 18 or older) : \_\_\_\_\_

Date Signed \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Apt. #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

DOCTOR to be notified in case of emergency: \_\_\_\_\_

**PARENT/LEGAL GUARDIAN SIGNATURE** \_\_\_\_\_

Date signed \_\_\_\_\_

**BELOW = STAFF USE**

**REVOLUTION457 // LWCA WITNESS SIGNATURE:** \_\_\_\_\_

Date Signed: \_\_\_\_\_