



The A.skate Foundation Waiver of liability and Photography Release form

_____/_____/_____
First Name (PRINT) Last Name (PRINT) Date of Birth

Street Address City State Zip Code

Phone Number(s) or E-Mail Address (PRINT)

*By providing an e-mail address you agree to receive promotional and special event notice via email. Your email address will not be provided to third parties, it will be used only to provide you with The A.skate Foundation updates and information.

The A.skate Foundations PARTICIPATION AGREEMENT ASSUMPTION OF RISK, LIABILITY AND INDEMNIFICATION FOR PARTICIPANT

NOTE: This Participation Agreement/Assumption of Risk Liability Release and Indemnification must be signed and on-file with The A.skate Foundation as a condition precedent for attending our free autism skate clinics. If participant is a minor then his or her parent or legal guardian must be present in order for minor to participate in skate activity instructed by The A.skate Foundation.

Participation Agreement must be submitted at time of registration.

PARTICIPANTS/PARENTS (if participant is 17 years of age or younger): Please read (or help your child read) and understand the following:

I understand:

- 1) There are certain dangers, risks, and hazards inherent in the use of a Skate Park , including but not limited to falling and /or colliding with fixed or moveable structures and/or participants;
- 2) Conditions in the Skate Park may become more hazardous or dangerous during the use of the Skate Park due to changes in weather, temperature, the actions of other users of the Skate Park, and/or other changes in circumstances;
- 3) The potential consequences of using a Skate Park include, but are not limited to, the possibility of property damage and/or bodily injury, including death, permanent disability, and other serious bodily injury;
- 4) The A.skate Foundation provides and requires participants to wear certain protective equipment during skate clinics.

I agree:

- 1) The A.skate Foundation's name, instructors, and representatives shall not be liable to me for any damage or injury, whatsoever, to my person or property arising out of or in connection with my use of, or presence of The A.skate Foundation's skate clinic;
- 2) To inform The A.skate Foundation affiliate of any dangerous or potentially hazardous situation I may observe if I am capable.



Parent: By my signatures below, I hereby certify that I have reviewed the above with my child and that he/she understands his/her risks and responsibilities as a user of A.skate Foundation's services. I further certify that I fully understand and acknowledge said risks and responsibilities, hereby grant permission for my minor child to participate in The A.skate Foundation skate lessons and activities.

Print name of Parent/Legal Guardian Signature of Parent/Legal Guardian Date

In consideration of participant _____ receiving permission to (Applicant's Name) receive services from The A.skate Foundation, where participant is a minor, his/her parent hereby knowingly and voluntarily agree, on behalf of themselves and their heirs, successors, and assigns to:

- a) assume responsibility for all risks of loss, damage, or injury (including but not limited to disability and/or death) that may be sustained by participants or participant's property, which may arise out of, result from, or be associated with participant's use of The A.skate Foundation's services.
- b) forever release and discharge The A.skate Foundation, and all of its agents, officers, employees, and representatives from liability for any and all bodily injury (including but not limited to disability and/or death), property damage, and/or other loss whatsoever which may arise out of, result from directly or indirectly, or be associated with participant's use of, or presence of A.skate Foundation's services.
- c) This release/indemnification is to be interpreted in its broadest legal sense to protect A.skate Foundation and any of its affiliates, agents, officers or representatives.

Photography: I hereby give The A.skate Foundation the absolute right and unrestricted permission to take, use my name, testimonial and biographical data and/or publish, reproduce, edit, exhibit, project, display and/or copyright photographic images or pictures of me or my child(ren), whether still, single, multiple, or moving, or in which I (they) may be included in whole or in part, in color or otherwise, through any form of media (print, digital, electronic, broadcast or otherwise) at any clinic or elsewhere, for art, advertising, recruitment, marketing, fund raising, publicity, archival or any other lawful purpose.

Print name of Participant Signature of Participant Date

Staff Signature Date

Location of skate clinic