Bellevue Skate Park Waiver

SKATER MUST READ AND SIGN BELOW!

Let's work together to make the Skate Park fun and safe for all participants!
I will respect ALL Skate Park visitors, users and staff at ALL times.
I will NOT do drugs or alcohol at the Skate Park.
I will assist the Skate Park Staff in keeping our Park clean, safe and fun for all people.
I will NOT use offensive language or gestures while at the Park.
I will NOT use graffiti or damage any property at the Skate Park.
I will use the required safety gear at ALL times. Helmet, both elbow pads and both kneepads.
My skates will be kept in good condition at ALL times.

SKATER SIGNATURE: _____ DATE: _____

PARENT-PLEASE SIGN RELEASE
As parent or legal guardian, I authorize a licensed physician to examine the above-named participant, and in the event of injury, to render such emergency care, as he or she deems necessary for the treatment of such injury, including consultation and treatment by a specialist, including a surgeon. As parent or legal guardian, I authorize the Parks Department to send the above-named participant to the hospital or doctor deemed most accessible.

Parent or Legal Guardian (Print Name)_____

Sign Name: _____DATE:_____

SKATERS FULL NAME (print):	**ID#**

COMPLETE ADDRESS:
(include address, city & zip)

HOME PHONE: ( ) - EMERGENCY# ( ) - DATE OF BIRTH: / /

EMAIL:

PAST INJURIES, ILLNESSES, MEDICAL PROBLEMS OR SPORTS LIMITATION STAFF SHOULD BE AWARE OF:

WAIVER OF LIABILITY: ***In consideration of your accepting this pay entry, for the City of Bellevue Parks and Community Services Department Program. Thereby, for myself, my heirs, executor assigns and personal representatives, waive and release any and all rights to claims for damages I now, or may hereafter have, whether now known or unknown, against the City of Bellevue, Washington, its employees, agents, and volunteer workers, for any injuries suffered by me in connection with participating in said program.***

PHOTO/VIDEO RELEASE: ***I, the undersigned participant and/or parent or guardian of the minor participant, give my permission to have photos/video tapes taken, without recompense, during the City of Bellevue activities and used for publicity purposes.***

PARENT/GUARDIAN SIGNATURE(S): _____DATE___/___/___

STAFF SIGNATURE_____DATE_____

City of Bellevue