

When coming to skate at Eastern Skateboard Supply please follow these rules, **BEFORE** coming:

- 1. If you are under 18 years old, your waiver must be signed and notarized in advance if your parent/ legal guardian will not be present.
- 2. Bring a completed waiver.
- 3. Bring your own helmet.
- 4. No food or drink inside the park.
- 5. Leave the park as you found it, lights turned off if you are the last one to leave, fans off if you turned them on and leave from the FRONT door (the one you came in).

## AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY READ BEFORE SIGNING

Bellatrix, LLC. Essbeing allowed	to participate in any way in the athletic/sports program, related events and
(Name of Organization)	achietic/sports program, related events and
activities. I. (Name of Partic	the undersigned acknowledge.
appreciate, and agree that:	, apacicy
1. The risk of injury from the act cant, including the potential for particular rules, equipment, and prisk of serious injury does exist:	ivities involved in this program is signifi permanent paralysis and death, and while ersonal discipline may reduce this risk, th and,
2. I KNOWINGLY AND FREELY ASSUME A IF ARISING FROM THE NEGLIGENCE OF responsibility for my participatio	LL SUCH RISKS, both known and unknown, EVEN THE RELEASEES or others, and assume full n; and,
during my presence or participation and bring such to the attention of	h the stated and customary terms and condi- er I observe any unusual significant hazard n. I will remove myself from participation the nearest official immediately: and,
4. I, for myself and on behalf of and next of kin, HEREBY RELEASE AND their officers, officials, assets	my heirs, assigns, personal corresentatives  HOLD HARMLESS Bellatrix, LLC/ESS
sponsoring agencies, sponsors, advo Lessors of premises used to conduct ANY AND ALL INJURY, DISABILITY, DEA ty, WHETHER ARISING FROM THE NEGLIC	ortisers, and, if applicable, owners and the event ("Roleasees"), WITH RESPECT TO ATH, or loss or damage to person or proper- SENCE OF THE RELEASEES OR OTHERWISE.
SIGNING IT. AND SIGN IT FREELY AND	TY AND ASSUMPTION OF RISK AGREEMENT, FULLY AT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY VOLUNTARILY WITHOUT ANY INDUCEMENT.
YARTICIPANT'S SIGNATURE	Age:Date Signed:
<u>FOR PARTICIPA</u> (UNDER AGE 18 AT	NTS OF MINORITY AGE THE TIME OF REGISTRATION)
all the Releasees. and, for myself, release and agree to indemnify and all liabilities incident to my mino these programs as provided above. E RELEASEES. to the fullest extent pe	
FARENT/GUARDIAN'S SIGNATU	RE EMERGENCY PHONE #(s)
	Date Signed:

## DECLARATION OF FITNESS TO PARTICIPATE IN SKATE PARK ACTIVITIES

I hereby declare that I am physically fit. I do not, and have not, suffered from any of the following conditions, which I understand may lead to a dangerous situation with regard to other persons or myself during Skate Park Activities, including but not limited to skateboarding, inline skating or BMX riding:

Epilepsy, fits, severe head injury, recurrent blackouts or giddiness, disease of the brain or nervous system, high blood pressure, lung or heart disease, recurrent weakness or dislocation of any limb, diabetes, mental illness, recent back injury, arthritis and severe joint sprains, chronic bronchitis, asthma, rheumatic fever, thyroid adrenal or other glandular disorder, recent blood donation or any condition that requires the regular use of drugs.

I hereby declare that I have no physical or mental condition that should preclude me from participating in my chosen activity, that I am not participating against medical advice or treatment and that I have not been diagnosed by a registered doctor as having a terminal illness.

I further declare that in the event that I feel ill or unwell, have any physical complaints whatsoever or if an injury is sustained of any kind during the course of Skate Park Activities, I will notify the senior Park Employee on duty immediately and before leaving the premises.

## I have read the above Declarations, understand them, and I agree to be bound by them.

Δ1		
Signature of Adult Participant	Name of Adult Participant (Please Print)	Date
Address of Adult Participant		Contact No#
S/		
Signature of Parent or Guardian if Participant is a Minor, and by their signature, they on my behalf release all claims that both they and I have	Name of Parent or Guardian (Please Print)	Date
Address of Parent or Guardian		Contact No#
	Name of Minor (Please Print)	Date
If you cannot sign the above declaration notify management immediately prior to		litions, you must
Attention of the Authorised Insured (	Only (Counter- Sign upon full and correct comp	letion)
S/		
Counter-Signature of Authorised Insured	Name of Authorised Insured (Please Print)	Date