



**ACADEMY
SKATEPARK.**

SKATEBOARDING RELEASE & INDEMNITY AGREEMENT

Participant Information

PARTICIPANT'S FULL NAME (LAST, FIRST)		MIDDLE INITIAL	BIRTHDATE (MO./DAY/YEAR)	AGE	CIRCLE ONE F M
HOME ADDRESS		CITY/STATE/ZIP		HOME PHONE	
MOTHER'S NAME	WORK PHONE		FATHER'S NAME	WORK PHONE	
PARENT/GUARDIAN E-MAIL ADDRESS			EMERGENCY CONTACT	WORK PHONE	

Medical Information

NAME OF HEALTH INSURANCE CO.	POLICY NUMBER
FAMILY DOCTOR NAME	PHONE NUMBER

PLEASE READ CAREFULLY. BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS.

The undersigned participant, or parent/legal guardian of the participant, (on my own behalf and on behalf of my children, family, heirs, personal representatives, successors and assigns), for and in consideration of the opportunity to use the skateboarding facilities made available by Academy Skate Park LLC ("ASP"), hereby releases, holds harmless and agrees not to sue ASP, its members, managers, employees, agents, affiliates, partners, sponsors, contractors, representatives and, with respect to ASP facilities or events, any and all property owners, lessors, sublessors, tenants and/or subtenants connected thereto (hereinafter the "Released Parties"), from any and all liability, damages, claims and demands, rights and causes of action of any kind whatsoever (including attorney's fees) which I now have or later may have against the Released Parties in any way resulting from, arising out of, or in connection with my or my child's participation in skateboarding at ASP facilities or events, or any activities incidental thereto (collectively "Liability"). I further agree to indemnify and defend ASP from and against any and all such Liability.

I represent that the participant is physically and mentally prepared to participate in skateboarding and all related activities, including those made available at ASP facilities or events. I fully understand and acknowledge that there are inherent risks associated with the sport of skateboarding, and that injuries may occur while skateboarding as a direct result of skateboarding. I understand these risks, including but not limited to risks of property damage, personal injury and/or death caused by falling on and/or colliding with hard surfaces and/or equipment or other participants, and freely assume such risks. In the event of property damage, personal injury or accidental death to my child, dependent, or myself as a result of skateboarding at ASP facilities or events, I hereby release the Released Parties from any and all liability in connection with such damage, injury or death whether or not such claims result from negligence (except willful neglect) on the part of any or all of the Released Parties with respect to the skateboarding facilities or from any other cause. In the event that I cannot be reached in a medical emergency, I hereby grant permission to provide emergency care and secure proper treatment for my child, my dependent, or myself. I understand that ASP is not responsible for costs incurred for medical care.

I further grant permission and release to ASP the right to use any picture or likeness of the participant in ASP's general publicity and campaign materials.

By signing this document, I certify that I have read this Release & Indemnity Agreement and fully understand it and that I am not relying on any statements or representations made by the Released Parties. I intend this document to be as broad and inclusive as permitted by the laws of the State of California. I am aware that by signing this document I am waiving certain legal rights which I and/or the participant, our heirs, executors, administrators, and assigns may have against the Released Parties.

Participant Signature (Required if 18 or older): _____

Name of Legal Guardian: _____

Legal Relation to Participant: _____

Signature of Legal Guardian: _____ Date ____/____/____