



Square State Skate

SquareStateSkate.com

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720-441-4047



ALL PARTICIPANTS MUST WEAR A HELMET

Waiver/Participant Release of Liability

Read Before Signing

- 1) The risk of injury from the activities involved in skateboarding lessons, programs, or events, including the potential for permanent disability or death, and while particular rules, safety equipment, instruction and personal discipline may reduce the risk, the risk of serious injury to the participant does exist; and
- 2) I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others, and assume full responsibility for the participation of my student.
- 3) I recognize the Colorado Academy Summer Programs do not provide insurance coverage for student accidents. Low cost student accident insurance is available through www.kandkinsurance.com.
- 4) I, for myself and on behalf of my/our heirs, assignees, personal representatives, persons under my guardianship, and next of kin, hereby release Colorado Academy, its employees, officers, and agents, Brian Ball, Square State Skate, and its instructors and contractors, with respect to any and all injury, disability, damage or death to person or property incident to my student's involvement or participation in skateboarding lessons, programs or events, including transportation to lessons, whether arising from the negligence of the releases or otherwise, to the fullest extent permitted by law.
- 5) I, for myself and on behalf of my/our heirs, assignees, personal representatives, persons under my guardianship, and next of kin, hereby indemnify and hold harmless all the above. Releases from any and all the liabilities incident to my student's involvement or participation in skateboarding lessons, programs or events, even if arising from their negligence, to the fullest extent of the law.
- 6) I attest that my student is healthy enough to participate in this event safely, and acknowledge the responsibility for obtaining any medical opinions necessary to certify this fact.

I have read the 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 also waive and release the use of my photograph or likeness for any reason or purpose. Opting out requires signing the opt out line below. I wish for my student to participate in this hazardous sport and agree to assume full responsibility for all injuries and medical expenses incurred while participating in skateboarding lessons, programs, or events.

Participant Name

Date of Birth

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

Parent/Guardian Telephone

Address: _____

Email: _____

Medical Release: In the event that I cannot be reached in an emergency, I hereby give permission to any licensed physician, surgeon, clinic, or hospital to secure proper treatment, and to order anesthesia, for my student named above. My student is allergic to the following medications:

Signature

Doctor to be notified in case of emergency: _____

Publicity/Media Opt Out: Please do not use my student's image in any social media or promotional materials.

Signature