McVICKER SKATE PARK
WAIVER & RELEASE FORM

IF YOU ARE UNDER 18, YOUR PARENT OR LEGAL GAURDIAN MUST SIGN THIS WAIVER.
PARTICIPANT RELEASE OF LIABILITY- READ BEFORE SIGNING

In consideration of being allowed to participate in any way in the McVicker Skate Park of Lake Elsinore, related events, activities, and all other sanctioned parks and events the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk of serious injury to me does not exist; and, [ ]
2. I KNOWINGLY AND FREELY ASSUME ALL RISKS, both know and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES or others, and assume full responsibility for my participation; and, [ ]
3. I willing agree to comply with the stated and customary terms and conditions for participation. If I observe any unusual significant concern in my readiness for participation and/or in the program itself I will remove myself from the participation and bring such attention to the nearest official immediately; and, [ ]
4. I, for myself and on behalf of my/our heirs, assigns, personal representatives and next of kin, HERBY RELEASE, The City of Lake Elsinore, and its officers, officials, agents, and its officers, officials, agent, and/or employees, other participants, sanctioned events, sanctioned parks, sanctioned organizations, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to the person or property incident to my involvement or participation in these programs, 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, assigns, personal representatives and next of kin, HERBY INDEMNIFY AND HOLD HARMLESS all the above releases from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent of law. [ ]

" I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. I attest that I am physically fit and have been trained for this activity. I also waive and release the use of my photograph or likeness for any reason or purpose. I WANT TO PARTICIPATE IN THIS HAZARDOUS SPORT."

Participant Name	Date Signed	DOB	Form of ID
Signature		Cell Phone	
Address		Home Phone	
City State Zip			
	E-mail Participant or Parent		
Legal Guardian or Parent Signature (under 18)	Parent Contact Number		
Print Name	Driver License #		

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

_____

_____ _____ _____
Signature of legal guardian, parent or participant 18 years or older Date Doctor to be notified in emergency /phone number

_____ _____
Witness Signature Date