

180 SKATE

PARENTAL CONSENT AND LIABILITY WAIVER

To Whom It May Concern:

I understand that skateboarding can be a dangerous activity and that, by participating in skateboarding activity, I am taking a risk that I may be injured.

I hereby assume all the risk described above, even if 180 Skate, employees or agents, through negligence or otherwise, otherwise be deemed liable. I hereby release, waive, discharge covenant not to sue 180 Skate, employees or any agents, participants, sponsoring agencies, sponsors, advertisers, or others associated with 180 Skate, and, if applicable, owners of premises used to conduct the skateboarding event, from any and all liability arising out of my participation in the skateboarding competition and/or event, even if the liability arises out of negligence that may not be foreseeable at this time.

I understand, consent to and authorize, in advance, the use of my name, voice, picture or other likeness, in combination or alone, in any broadcast, telecast, print medium, advertising, promotion or other account of 180 Skate.

I represent that my minor child or I are in sufficiently good physical condition to participate in the programs and activities of 180 Skate without jeopardizing our health. I understand that I have given up substantial rights by signing this waiver and release, and sign it voluntarily. This waiver and release also binds my heirs and as-signees.

The undersigned, my parent or legal guardian, and if I am a minor, in consideration of being allowed participating in 180 Skate, and all related events and activities (CONTESTS AND EVENTS).

*THIS FORM MUST BE FILLED OUT BY PARENT(S) OR LEGAL GUARDIAN(S) OF ALL PARTICIPANTS UNDER THE AGE OF 18. HOLD HARMLESS MEDICAL RELEASE DUE TO THE NATURE OF SKATING, IT IS UNDERSTOOD THAT I RELEASE 180 SKATE, ITS AGENTS, SPONSORS, ADVERTISERS, STAFF AND SERVANTS, FROM ALL LIABILITY OF ANY SORT, AND THAT THEY BE HELD HARMLESS FOR ANY ACCIDENT OR INJURIES SUSTAINED BY ME/MY CHILD WHILE SKATING WITH 180 SKATE AND THEIR EQUIPMENT. IN CASE OF INJURY, ALL POSSIBLE ATTEMPTS WILL BE MADE TO NOTIFY THE PARENT OR GUARDIAN OF MINORS.

PARTICIPANT NAME _____ **AGE** _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

EMAIL _____

PHONE () _____

IN CASE OF EMERGENCY, PLEASE CONTACT _____

PHONE () _____

RELATIONSHIP _____

PARTICIPANT'S SIGNATURE, If under 18 must be signature of Parent or Guardian

X _____