

# PoP! Skate School Registration

## Student Personal Details

Surname: \_\_\_\_\_

Given Name: \_\_\_\_\_

Birthday: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

## Emergency Contact Details

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

## PoP! Skate School Accident Waiver and Release of Liability Form

BY CHOOSING THIS TICKET I ASSUME ALL OF THE RISKS OF PARTICIPATING OR ATTENDING THIS ACTIVITY OR EVENT, AND ANY SUBSEQUENT ACTIVITY OF A SIMILAR KIND SANCTIONED BY THE AUSTRALIAN SKATEBOARDING FEDERATION LIMITED (ASF).

These risks include but are not limited to, any risks that may arise from negligence or carelessness on the part of the persons or entities being released from dangerous or defective equipment or property owned, maintained, or controlled by the Facilitator, or because of their possible liability without fault.

I am physically fit to Partake in the Activity.

There are no health-related reasons or problems which preclude my participation in this Activity.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the organizers, sponsors, equipment and venue providers, and the ASF ("The Released"), and that it will govern my actions and responsibilities at the Activity.

In consideration of my application and permitting me to participate in this Activity, I hereby for myself, my executors, administrators, heirs, next of kin, successors, and assigns.

This activity may test a person's physical and mental limits and may carry with it the potential for death, serious injury, and property loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration and actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and The Released.

I consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I may be photographed during these activities. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and assigns.

I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I ACCEPT THE TERMS OF MY OWN FREE WILL.

**If student is under the age of 18, please get your parent to sign as well.**

Student Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_

Signed: \_\_\_\_\_