

CITY OF HOLMES BEACH SKATE PARK WAIVER

In consideration of being allowed to participate in any way in the City of Holmes Beach skate park, I, _____, the undersigned participant, appreciate and agree that:

1. The risk of injury from skating, inline skating, skateboarding and other activities related to this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and
2. **I knowingly and freely assume all such risk**, both known and unknown, **even if arising from the negligence of the undersigned** or others, and assume full responsibility for my participation; and
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe and unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest city official immediately; and
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE AND HOLD HARMLESS THE CITY OF HOLMES BEACH, ITS OFFICERS, ASSIGNS, AGENTS AND OR EMPLOYERS, OTHER PARTICIPANTS, SPONSORING AGENCIES, SPONSORS, AND ADVERTISERS** (collectively "Releasees") **WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, OR LOSS OR DAMAGE TO ANY PERSON OR PROPERTY, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. I HAVE READ THIS 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 INDICEMENT.**

DECLARATION OF FITNESS TO PARTICIPATE IN SKATE PARK ACTIVITIES

I hereby declare that I am physically fit, I do not, and have not, suffered from any of the following conditions which I understand may lead to a dangerous situation with regard to other persons or myself during skate park activities, including but not limited to skateboarding, inline skating:

Epilepsy, fits, severe head injury, recurrent blackouts or giddiness, disease of the brain or nervous system, high blood pressure, lung or heart disease, recurrent weakness or dislocation of any limb, diabetes, mental illness, recent back injury, arthritis and severe joint sprains, chronic bronchitis, asthma, rheumatic fever, thyroid adrenal or other glandular disorder, recent blood donation or any condition that requires the regular use of drugs.

I hereby declare that I have no physical or mental condition that should preclude me from participating in my chosen activity, that I am not participating against medical advice or treatment and that I have not been diagnosed by a registered doctor as having a terminal illness.

I further declare that in the event that I feel ill or unwell, have any physical complaints whatsoever or if an injury is sustained of any kind during the course of skate park activities, I will notify and adult on City Hall property immediately and before leaving the premises.

I HAVE READ THE ABOVE DECLARATIONS, UNDERSTAND THEM, AND AGREE TO BE BOUND BY THEM.

IF YOU CANNOT SIGN THE ABOVE DECLARATION BECAUSE OF ANY OF THE ABOVE CONDITIONS, YOU MUST NOTIFY CITY HALL STAFF PRIOR TO ENTERING THE SKATE AREA.

Participant's Signature

Date

FOR PARTICIPANTS UNDER 18 AT THE TIME OF REGISTRATION:

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns and next of kin. I release and agree to indemnify and hold harmless the Releasees from any kind and all liabilities incident to my minor child's participation in or involvement with the programs provided for herein, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES**, to the fullest extent permitted under law.

Parent/ Guardian Signature

_____, 20____
Date

Street Address

City

State

Zip

Daytime Telephone Number

Evening Telephone Number

**STATE OF FLORIDA
COUNTY OF MANATEE**

The foregoing instrument was sworn to and subscribed before me this _____ day of

_____, 20____, By _____

who is () personally known to me or () who has produced _____

as identification.

Notary Signature

Notary Stamp

Notary Public-State of Florida

My Commission Expires : _____, 20____