



Sedro-Woolley Skatepark Event

PLEASE CIRCLE THE LEVEL OF COMPETITION:

ADVANCED INTERMEDIATE BEGINNER

EVERY PARTICIPANT MUST WEAR A HELMET DURING COMPETITION

| | | | |
|--------------------------|-------------------------------|------------------------|--------------|
| Name | Birthdate | Sex | Grade |
| | | | |
| Parent(s) | Primary Phone | Secondary Phone | Ext |
| | | | |
| Address | City, State, ZIP | | |
| | | | |
| Email | Emergency Contact Name | | |
| | | | |
| Emergency Phone 1 | Emergency Phone 2 | | |
| | | | |

I am the parent or legal guardian of the above named child, and/or desire to be a participant in the City of Sedro-Woolley, Sedro-Woolley Parks Dept, Hidden Wave Boardshop, and Sedro-Woolley Rotary Club sponsored recreational activity listed above. It is important to me that I/this child be allowed to participate in this activity. I understand there are special dangers and risks inherent in this activity, including but not limited to, the risk of serious physical injury, death or other harmful consequences which may arise directly or indirectly from my/the child's participation in this activity. Being fully informed as to these risks and in consideration of the City allowing me/my child to participate in this sponsored activity I, on behalf of myself and on behalf of the above named participant child, assume all risk of injury, damage and harm to myself/the child which may arise from the my/my child's participation in the activity. I further agree, individually and on behalf of myself/the above named child, to release and hold harmless the City of Sedro-Woolley, Sedro-Woolley Parks Dept, Hidden Wave Boardshop, the Sedro-Woolley Rotary Club, any Sponsors, and any of their officials, employees, officiating staff, coaches, volunteers and agents and further agree to waive any right of recovery that I may have to bring a claim or lawsuit for damages against any of them for any personal injury, death or other harmful consequences occurring to myself/the above named child arising out of my/the child's voluntary participation in this activity, including going to and from the activity, except for the sole negligence of the City of Sedro-Woolley. I understand that there is no insurance to cover participants and that although precautions will be taken, the nature of any sporting activity allows for the potential of injury. I grant my full and voluntary consent for me/the above named child to participate in the activity described above.

X _____
SIGNATURE (PARENT/GUARDIAN SIGNATURE IF UNDER 18 YEARS OF AGE)

I hereby grant the City of Sedro-Woolley, Sedro-Woolley Parks Dept, Hidden Wave Boardshop, and Sedro-Woolley Rotary Club permission to use my photograph in any and all publications for government or non-government purposes, including web site entries, without payment or any other consideration in perpetuity. I hereby authorize the City of Sedro-Woolley, Sedro-Woolley Parks Dept, Hidden Wave Boardshop, and Sedro-Woolley Rotary Club to edit, alter, copy, exhibit, publish or distribute this photo. I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my photo appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph. I hereby hold harmless and release and forever discharge the City of Sedro-Woolley, Sedro-Woolley Parks Dept, Hidden Wave Boardshop, and Sedro-Woolley Rotary Club from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf of my estate which may have or may have by reason of this authorization. I am 18 years of age or older and am competent to contract in my own name or I am the parent or legal guardian of a minor. I have read this release, and fully understand the contents, meaning, and impact of this release.

X _____
SIGNATURE (PARENT/GUARDIAN SIGNATURE IF UNDER 18 YEARS OF AGE)

COMMENTS: