

Liability Waiver and Assumption of Risk

Participant Name:	Birthdate:	Phone Number:
Guardian Name (if participant is under 18):		
Emergency Contact Name & Phone Number:		
Acknowledgment of Risks		
I, the undersigned, understand that participating rollerblading, dancing, exercising, involves inhere activities may result in accidents caused by collision	ent risks, including the risk of se	rious injury or death. I understand that these
I acknowledge that I am voluntarily participating i	in these activities and fully assur	ne all risks associated with such participation.
Release of Liability		
In consideration of being permitted to use the factorial harmless the Youth ARCHIVE, its directors, agents causes of action arising from injury, loss, or dama negligence or otherwise.	s, employees, volunteers, and aff	iliates from any and all claims, damages, or
I also understand and agree that this waiver exter park equipment or facilities.	nds to claims of liability for injury	or damage resulting from the use of any skate
Agreement to Follow Safety Rules		
I agree to abide by all posted safety rules and regumearing appropriate protective gear such as helm staff regarding proper conduct and safe use of equ	nets, knee pads, gloves and elbov	
Medical Consent		
In the event of injury, I consent to medical treatm	ent as deemed necessary by emo	ergency responders or medical personnel.
I have read, understood, and voluntarily si rights.	gned this waiver, acknowled	dging that I am giving up certain legal
Participant's Signature:	Date:	
Guardian's Signature (if under 18):	Date:	