17 Minneakoning Road, Flemington, NJ 08822
(908) 788-7168

Waiver and Release of Liability
READ BEFORE SIGNING

In consideration of being allowed to participate in any way in the Skatepark program at Shields Skatepark, related events, activities, and all other sanctioned park events the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury to me does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES 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 I observe an unusual significant concern in my readiness for participation and/or in the program itself, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE: Shields Skatepark, its members, officials, agents, and/or employees, other participants, sanctioned events, sanctioned parks, sanctioned organizations, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessers of premises used to conduct the event (Collectively, the "Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I, for myself and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all of the above Releases from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent of the law.

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 INDUCEMENT. I attest that I am physically fit and have been trained for this activity. I also waive and release the use of my photograph or likeness for any reason or purpose. I WANT TO PARTICIPATE IN THIS HAZARDOUS SPORT.

X_____ _____ _____
PARTICIPANT SIGNATURE Date Signed Date of Birth

Name:_____ ID Type/#_____

Address:_____apt#_____ e-mail_____

City:_____State:____ Zip:_____ Phone:_____

IF PARTICIPANT IS UNDER 18 YEARS OF AGE emergency phone #_____

X_____ _____ _____
Parent or Legal Guardian (Signature) Date Signed Drivers License #/ID

_____
Parent or Legal Guardian Name (print clearly)

(Notary required if parental/legal guardian signature is not witnessed by a Shields Skatepark employee.)

I, X_____ , hereby give Shields Skatepark permission to treat and/or have myself or my underage child transported to the Hunterdon Medical Center should a medical emergency occur.