



5529 Old William Penn Highway, Export, PA 15632 (724)327-4247

**RELEASE OF LIABILITY and ASSUMPTION OF RISK AGREEMENT  
PLEASE READ BEFORE SIGNING**

In consideration of the services of Pipes Skate Park, and all other persons acting in any capacity on Pipes Skate Park's behalf I, (skater's name) \_\_\_\_\_ (date of birth) \_\_\_\_\_

- 1) Acknowledge the risk of serious injury to me or to another does exist by my participation in the sport of skateboarding, in-line roller-skating, scootering and BMX bicycling. Participation in these sports entails risks that potentially could result in physical or emotional injury including abrasions, lacerations, bruises, broken bones, sprains, head and back injuries, permanent disability, paralysis, and even death.
- 2) While particular rules, equipment, and personal discipline may reduce this risk, I knowingly assume all such risks, both known and unknown, even if arising from the negligence of Pipes Skate Park personal or others.
- 3) I willingly agree to comply with the rules and conditions for participation. If I observe any unusual significant concern in my ability to participate I will notify a Pipes Skate Park representative of my concerns.
- 4) I, for myself and on behalf of my heirs, assigns, personal representative and my estate, HEREBY RELEASE, FOREVER DISCHARGE AND AGREE TO INDEMNIFY AND HOLD HARMLESS PIPES SKATE PARK, its officers, officials, agents, and /or employees, other participants, sponsoring agencies, sponsors, advertisers and if applicable, owners and lessors of premises, from any and all claims, liabilities, demands, or cause of action, which are in any way connected with my participation in this activity or my use of Pipes Skate Park's equipment or facilities. INCLUDING SUCH CLAIMS WITH ALLEGE NEGLIGENT ACTS OR OMISSIONS OF PIPES SKATE PARK AND ITS REPRESENTATIVES.

I have read this Release of Liability and Assumption of Risk Agreement and I fully understand its terms. By signing it I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS. I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. I attest that I am physically fit and capable 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 AND I AGREE TO ASSUME FULL RESPONSIBILITY for all injuries and medical expenses incurred while being at Pipes Skate Park.

X \_\_\_\_\_  
PARTICIPANT SIGNATURE - If under 18 signature of Parent or Guardian

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DRIVER'S LICENSE NUMBER

\_\_\_\_\_  
WITNESS SIGNATURE - SANCTIONED PIPES SKATE PARK EMPLOYEE

\_\_\_\_\_  
DATE

THIS FORM MUST BE NOTARIZED BELOW IF NOT WITNESS BY PIPES SKATE PARK STAFF.

\_\_\_\_\_  
NOTARY

\_\_\_\_\_  
DATE

**PLEASE PRINT CLEARLY**

Skater's name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**In Case Of Emergency call:**

Name \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship \_\_\_\_\_

**MEDICAL RELEASE:** In the event that my child/I cannot respond in an emergency, I hereby give permission to any licensed physician, surgeon, clinic, or hospital to secure proper treatment, and to order anesthesia, for my child/myself as named above. My child/I am allergic to the following medications and have the following illnesses: \_\_\_\_\_  
\_\_\_\_\_

**DOCTOR to call in case of emergency:** \_\_\_\_\_ Phone \_\_\_\_\_

X \_\_\_\_\_ Date \_\_\_\_\_

PARTICIPANT SIGNATURE - If under 18 signature of Parent or Guardian

\_\_\_\_\_  
PRINT NAME

