



**ACKNOWLEDGEMENT OF RISKS, ASSUMPTION OF RISK AND RESPONSIBILITY
AND RELEASE OF LIABILITY. This document affects your legal rights.**

PLEASE READ CAREFULLY BEFORE SIGNING

ACKNOWLEDGEMENT OF RISKS: I realize that there are inherent dangers in these types of activity and that use of a skateboard, BMX, and/or roller-blades on ramps may involve hazards including but not limited to the following:

- 1) Sprains or broken bones, torn ligaments, scrapes and bruises.
- 2) Weather related injuries and illness including heat stroke, exhaustion and dehydration.

EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY: In recognition of the inherent risks of the activity which I and all minor children for which I am responsible will engage in, I confirm that I am (my child is) physically and mentally capable of participating in the activity and using the equipment, and I (he/ she) elect to participate IN SPITE OF THE RISK. I (WE) PARTICIPATE WILLINGLY AND VOLUNTARILY. I ASSUME FULL RESPONSIBILITY FOR PERSONAL INJURY, ACCIDENTS OR ILLNESS, INCLUDING DEATH AND ANY RESULTING EXPENSE.

I ASSUME THE RISK OF PERSONAL INJURY, ACCIDENTS AND OR ILLNESS, INCLUDING BUT NOT LIMITED TO SPRAINS, TORN MUSCLES AND/OR LIGAMENTS' FRACTURED OR BROKEN BONES; EYE DAMAGE; CUTS, WOUNDS, SCRAPES, ABRASIONS, AND/OR CONTUSIONS; DEHYDRATION; OXYGEN SHORTAGE, HEAD, NECK AND/OR SPINAL INJURIES; SHOCK, PARALYSIS, AND/OR DEATH; AND ACKNOWLEDGE THAT IF, DURING THE ACTIVITY, A PARTICIPANT EXPERIENCES FATIGUE OR DIZZINESS IT MAY DIMINISH MY/THEIR REACTION TIME AND INCREASE THE RISK OF AN ACCIDENT.

COVENANT OF GOOD FAITH: I RECOGNIZE THAT YOU, AS PROVIDER OF SERVICES, WILL OPERATE UNDER A COVENANT OF GOOD FAITH AND FAIR DEALING, BUT THAT YOU MAY FIND IT NECESSARY TO TERMINATE THE PARTICIPATION OF ANY PERSON YOU JUDGE TO BE INCAPABLE OF MEETING THE RIGORS OR REQUIREMENTS OF PARTICIPATING IN THE ACTIVITY. I ACCEPT YOUR RIGHT TO TAKE SUCH ACTIONS FOR THE SAFETY OF MYSELF AND/OR OTHER PARTICIPANTS.

AUTHORIZATION: I hereby authorize any medical treatment deemed necessary in the event of any injury while participating in the activity. I/we have appropriate insurance or, in its absence, agree to pay all costs as may be incurred, on my / our behalf.

RELEASE: In consideration of services or equipment provided, I for myself or any minor children for which I am parent, legal guardian or otherwise responsible, any heirs, personal representatives or assigns, do hereby release Slapshots Sportplex & its principles, directors, officers, agents, employees and volunteers, and each and every land owner whose property an activity is conducted, FROM ALL LIABILITY and WAIVE ANY CLAIM FOR DAMAGE arising from any cause.

PHOTO RELEASE:

I HEREBY VOLUNTARILY RELEASE AND FOREVER WILL ALLOW THE SLAPSHOTS SKATE PARK TO USE AS IT SEES FIT, ANY AND ALL PHOTOGRAPHIC MATERIAL AND/ OR VIDEO MATERIAL TAKEN OF MYSELF OR THE PHOTOGRAPHIC MATERIAL AND/OR MATERIAL TAKEN OF THE PERSON I AM LEGAL GUARDIAN OF. IN ANY MANNER THE SLAPSHOTS SKATE PARK DEEMS SUITABLE. I FULLY UNDERSTAND THAT THIS MAY INCLUDE, BUT NOT BE LIMITED TO, THE USE OF SAID MATERIAL IN A MAGAZINE, NEWSPAPER, OR OTHER TYPE OF PUBLICATION. I ALSO FULLY UNDERSTAND THAT THIS MAY, INCLUDE, BUT NOT BE LIMITED TO, THE USE OF VIDEO MATERIAL IN THE PRODUCTION AND DISTRIBUTION OF SLAPSHOTS SANCTIONED VIDEOS, NEWS PROGRAMS, AND DOCUMENTARIES.

My signature below indicates that I have read this entire document, understand it completely, understand that it affects my/our legal rights, and agree to be bound by its terms. I/we also agree to abide by the rules set forth by Slapshots Sportplex, Inc. "Family Skate Center"

PARTICIPANT: _____ PRINTED NAME: _____ Age: ___ DOB: _____
Signature

2nd Member of same family

PARTICIPANT: _____ PRINTED NAME: _____ Age: ___ DOB: _____
Signature

Address: _____ City: _____ State & Zip: _____

Phone: _____ Emergency Phone: _____ Name: _____

Identification D.L.#: _____ State: _____ D.O.B.: _____

Parent / Guardian: _____ Signature: _____

Please pick-up skaters on time.

Address: _____ City: _____ State & Zip: _____

Phone Number: _____ 2nd Phone Number: _____

Relationship to minor: _____ Witness: _____

BY SIGNING THIS DOCUMENT, I FULLY RECOGNIZE THAT IF ANYONE IS HURT OR PROPERTY IS DAMAGED WHILE ENGAGED IN THIS ACTIVITY, I/WE WILL HAVE NO RIGHT TO MAKE A CLAIM OR FILE A LAWSUIT AGAINST SLAPSHOTS SPORTPLEX OR ITS OFFICERS, AGENTS OR EMPLOYEES.

IN CASE OF INJURY AN AMBULANCE WILL BE CALLED IF PARENT IS NOT IMMEDIATELY AVAILABLE.

Important: Parent or Legal Guardian must sign in the presence of a Slapshots Sportplex employee or this document must be notarized.

FOR OFFICIAL USE ONLY:

OFFICIAL NOTARY SEAL OR STAMP

I, _____, a notary for the State of Georgia
do hereby certify that _____ did personally
appear before me on this _____ day of _____, 200__.

Signed: _____ my commission expires: _____