

# Guapo Skill Center Liability Waiver

Participants name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Emergency phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

## Sport Participation: SKATEBOARDING

I, \_\_\_\_\_, being eighteen or older in age, in consideration of the service provided by **GUAPO SKILL CENTER**, hereby acknowledge, agree, promise and covenant with **GUAPO SKILL CENTER**, on behalf of myself, my heirs, assigns, personal representatives and estate follow:

I understand that the activity I am about to voluntarily engage in as a participant or spectator bears certain known and unanticipated risks which could result in INJURY, DEATH, ILLNESS OR DISEASE, PHYSICAL OR MENTAL, OR DAMAGE to myself, to my property or to spectators or to third parties.

I UNDERSTAND AND ACKNOWLEDGE THAT I VOLUNTARILY AGREE, COVENANT AND PROMISE TO ACCEPT AND ASSUME ALL RESPONSIBILITIES AND RISK FOR INJURY, DEATH, ILLNESS OR DISEASE to myself or to my property arising from participation in this activity. My participation in this activity is purely voluntary; no one is forcing me to participate.

I VOLUNTARILY RELEASE AND FOREVER DISCHARGE AND COVENANT NOT TO SUE ANY OF THE RELEASED PARTIES, from or for any and all liability, claims, demands, actions, or rights of action, which are related to, arise out of, or are in any way connected with my participation in this activity, including, but not specifically limited to any and all negligence, fault or strict liability of any named released party for any and all injury, death, illness or disease, and damage to myself or to my property.

IN SIGNING THIS DOCUMENT, I FULLY RECOGNIZE THAT IF ANYONE IS HURT OR DIES, OR PROPERTY IS DAMAGED WHILE I AM ENGAGED IN THIS ACTIVITY, I WILL HAVE NO RIGHT TO MAKE A CLAIM OR FILE A LAWSUIT AGAINST ANY OF THE RELEASED PARTIES EVEN IF ANY OF THE RELEASED PARTIES NEGLIGENTLY CAUSED THE BODILY INJURY OR PROPERTY DAMAGE.

I UNDERSTAND AND ACKNOWLEDGE that by initiating and/or signing this document I have given up certain rights and/or possible claims which I might otherwise assert or maintain against the Released Parties, including, but not limited to, rights arising from or claims for the acts or omissions, fault, negligence in any degree of any of the Released Parties. I understand that my image may be used in video or print on behalf of Guapo Skill Center in any fashion. I understand and acknowledge that by initiating and/or signing this document, I have assumed responsibility and LEGAL LIABILITY for the claims or other legal demands, including defense costs, which may be asserted by spectators or other third parties against me as a result of my participation in this activity.

I UNDERSTAND AND ACKNOWLEDGE that no major medical insurance benefits will be provided to me during this activity. I certify that I have sufficient health, accident and personal liability insurance to cover any bodily injury, property damage or disablement I may incur while participating in this activity. If I have no insurance, I certify that I am capable of personally paying for any and all such expenses or liability. I FURTHER ACKNOWLEDGE that the undersigned is in good physical and mental health and not suffering from any condition, disease or disablement, which would or could potentially affect participation in this activity.

I understand that this is the entire agreement between the undersigned and \_\_\_\_\_, that it is for the benefit of all Released Parties, and that it cannot be modified or changed in any way by the representations or statements or agents of the Released Parties or by the undersigned. My signature below indicates that I have read this entire document, understand it completely and agree to be bound by its terms.

Signature of participant \_\_\_\_\_ DATE \_\_\_\_\_

Signature of Parent if under 18 \_\_\_\_\_ DATE \_\_\_\_\_