

Skatechurch Liability/Medical Form - Page 1 of 2

IN ORDER FOR PARTICIPANT TO SKATE/RIDE - PLEASE DO THE FOLLOWING:

1. **Completely fill out both pages and turn in this Liability/Medical form.** Both pages must be signed by a birth parent or legal guardian or adult participant in person and be witnessed by a Skatechurch staff person or witnessed and notarized by a notary public. Legal guardians and stepparents, etc. must submit a copy of a legal document (to be attached to this Liability/Medical Form) proving legal guardianship. Signatures from stepparents, host-families, grandparents, aunts, uncles, other relatives, friends, etc. (without guardianship papers) are not legally binding.
2. **Pay session fee to ride.** Sessions are by donation.
3. **Bring ID to prove age/grade.** We accept: Current school picture ID, Birth certificate, Driver's license, DMV ID, Medical ID, or skatechurch ID.
4. **Meet grade/age policies.** Parents/guardians of skaters are welcome to come and observe all our programs, but may not skate.
5. **Bring Helmet.** Those 18 and under must wear a helmet. Those 19 and over are encouraged to wear a helmet. Loaner helmets are available.

Participant's	
Last Name _____	First _____ M.I. _____ Phone (_____) _____ - _____
Birth Date ____/____/____ Age _____ Grade _____ School _____	E-mail _____
Home Address _____	City _____ State _____ Zip _____

SKATECHURCH CORE SPORTS MINISTRY ACKNOWLEDGMENT/AGREEMENT/WAIVER/ ASSUMPTION OF RISK TO INDEMNIFY FOR MINORS AND ADULT PARTICIPANTS

I, the undersigned, (hereinafter the "Undersigned") individually and on behalf of my martial community, if married, do agree to indemnify, hold harmless and defend Third Christian Reformed Church's Skatechurch of Lynden, its staff, interns, and volunteers (hereinafter "TCRC SK8") and its landlord the North West Washington Fair and Event Center (hereinafter "NWWF") upon receipt of this **Skatechurch core sports ministry/acknowledgment/agreement/waiver/ assumption of risk agreement to indemnify** (hereinafter the "Agreement") and hereby grant permission for the above named person (hereinafter "Participant") to participate in the core sports ministry of Sk8 subject to the following conditions and requirements:

1. The Undersigned (parent/legal guardian of the Participant or the above named adult Participant) understands, acknowledges, and agrees that this Agreement applies whether the Participant is an observer, a bystander, or an active participant, whether the activity is at the above stated premises, TCRC's property, or on an outing of SK8, including traveling to or from such activities.
2. I understand that the Participant must obey all TCRC SK8 rules, staff, interns, and volunteers at all TCRC SK8 events.
3. The Undersigned understands, acknowledges, and agrees that skateboarding, BMX, in-line skating, scooter riding, and other core sports are dangerous and can result in injury, disability, death or personal property damage, and is fully aware of the risks and hazards inherent to entering the premises of such activities, observing or participating in such activities, recognizing that such hazards and dangers are further increased when other persons, whether or not of the same level, experience or skill, are using the same facilities, and hereby voluntarily enrolls the Participant, knowing the present condition of SK8's ramps, equipment, facilities, and property with full knowledge that the said condition may become more hazardous and dangerous at any time.
4. The Undersigned hereby strictly and completely voluntarily, with no coercion, assumes all risk of injury, disability, or death that may be sustained by the Participant or the undersigned and any damage to or theft/loss of Participant's property while in TCRC SK8 and understands that various degrees of experience and skill are required for the different flat surfaces, curbs, steps, ramps, half-pipes, inclines, bowls, drop offs, and other venues/riding surfaces and agrees that it is the Participant's sole judgment as to what the Participant will attempt to ride/do.
5. In consideration and upon receipt of this Agreement, the Undersigned hereby releases TCRC and NWWF on behalf of the Participant, his/her heirs, assigns, and legal representatives from any and all liability to participant or to the undersigned for personal injuries, disabilities, death or property damage/theft/loss arising out of his/her involvement, whether or not the said injuries, deaths, damages/losses/thefts were caused by/in the negligent care of the facilities, ramps, equipment, observation areas or by TCRC SK8. Participant agrees to pay all costs, attorney's fees and expenses incurred by Sk8 in enforcing this Agreement, and litigations and appeals there from, if any.
6. The Participant and Undersigned covenant never to sue TCRC SK8 in connection with any damages, losses, claims, demands, rights, actions, and causes of action of whatever nature, whether injuries, disabilities, death, or damages/losses/ thefts to his/her property except for the same arising from individual acts or gross negligence of TCRC SK8
7. The Undersigned agrees for himself/herself, and for his/her heirs and legal representatives to indemnify, to save and hold harmless, and defend TCRC and its attendees, against and from any and all damages, actions, causes of action, claims, judgments, costs of litigation and attorney's fees, which may result in any way whether by action(s) and/or negligence at any time result from the Participant's involvement in TCRC SK8.
8. TCRC SK8 may immediately terminate Participant's participation in the TCRC SK8 program for any violations of any of its terms.
9. Under the penalty of perjury under the laws of the state of Washington, the Undersigned certifies and declares to TCRC SK8 that all the information given on this Agreement is true, current and accurate.
10. I, as the birth parent/legal guardian of the Participant, have read, **(OR)** ***** 10. I, as an adult, have read, understand, and had Understand, and had the opportunity to ask questions, and consent to the terms above and to the minor becoming a Participant. **(OR)** ***** opportunity to ask questions, and consent to the terms above and to becoming a Participant.

X _____ Date ____/____/____	* X _____ Date ____/____/____
<i>Birth Parent/Legal Guardian Signature</i>	<i>(OR) Skater Age 18 or Older/Adult Participant Signature</i>
Place of signing: _____	
Relationship to Participant: _____	

SKATECHURCH CORE SPORTS EMERGENCY MEDICAL/DENTAL RELEASE AND CONSENT AGREEMENT

- 1. The undersigned (hereinafter "Undersigned") does hereby authorize Third Christian Reformed Church's Skate Church of Lynden, its staff, interns and volunteers (hereinafter "TCRC SK8") to consent to IMMEDIATE FIRST AID MEDICAL CARE, any X-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care for the Participant (named on page 1, hereinafter "Participant") which is deemed advisable by and to be rendered under the general or special supervision of any licensed physician, surgeon, or dentist at any hospital, dental office, or elsewhere.
2. I understand that my insurance and/or finances will cover any such treatment and that TCRC SK8 will not be liable, whether or not I am insured.
3. I understand that the Participant will be taken to a hospital/medical facility by car or by ambulance is TCRC SK8 believes that the Participant may need medical/dental attention.
4. It is understood that an effort will usually be made to contact the Undersigned prior to transporting or rendering treatment to the Participant, but that any of the above transportation or treatment will not be withheld if for any reason the Undersigned is not contacted.
5. I the Undersigned to hereby authorize TCRC SK8 to act as my agent in presenting this agreement to any licensed medical/dental practitioners and will not hold TCRC SK8 liable for any treatments rendered.
6. I the Undersigned do hereby authorize TCRC SK8 to administer Participant's prescribed medications.
7. This authorization will remain effective whether the Participant is inside the building, outside the building, at another location, or in route to or from, participating in or observing any program or activity of TCRC SK8.
8. I understand that it is my sole responsibility to inform TCRC SK8 in writing of any changes to any of the information submitted on either page of this form.

1. Does the Participant have any allergies to medicine or medical/physical conditions which TCRC Sk8 or medical/dental professionals should be aware of?

- o Yes Please explain.
o No.

2. Does the Participant have any medical insurance?

- o Yes Insurance Co. Policy #
o No

3. Bellingham hospital (open 24 hours where Participant's insurance is accepted)

4. Emergency contact other than parent/legal guardian:

Name Phone Relationship

5. Under the penalty of perjury, the Undersigned does warrant TCRC SK8 that all the information given on this form is true, current and accurate.

6. I, as the birth parent/legal guardian of the Participant, have read, understand, and had the opportunity to ask questions, and consent to the terms above and to the minor becoming a Participant.

(OR) *

6. I, as an adult, have read, understood, and had the opportunity to ask questions, and consent to the terms above and to becoming a Participant.

X Birth Parent/Legal Guardian Signature Date

* X Skater Age 18 or Older/Adult Participant Signature Date (OR)

Relationship to Participant

Print Name Address

City State Zip E-Mail

Home Phone Work Phone Cell Phone