sixthavenue
SKATEPARK | NASHVILLE

# RELEASE OF LIABILITY WAIVER & INDEMNITY/HOLD HARMLESS AGREEMENT

**Under the age of 18** Parent or legal guardian must present proof of ID when signing the waiver in front of a Sixth Avenue Skatepark employee and a copy of this document will be made. If parent or legal guardian of participant under the age of 18 is not present the waiver for Sixth Avenue Skatepark must be notarized. This waiver is kept on file permanently. Please be respectful of this process and alert us if any of the information changes. Thank you.

**Over the age of 18** A driver's license or photo ID is required at the time of signing the Sixth Avenue Skatepark waiver for proof of age. A copy of this document will be made.

In consideration of being allowed to participate in any way in the Rocketown of Middle Tennessee program for:

Rocketown of Middle Tennessee, related events, activities, and all other sanctioned events the undersigned acknowledges, appreciate, and agree 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 any unusual significant concern in my readiness for participation and/or in the program itself, I will remove myself from participation and such to the attention of the nearest Rocketown of Middle Tennessee staff immediately; and,

4 I, for myself and on behalf of my/our heirs, assigns, personal representatives next of kin, herby release: Rocketown of Middle Tennessee its Board, Volunteers, and/or Staff, other Participants, Sanctioned Events, Sanctioned Organizations, Sponsoring Agencies, Sponsors, Vendors, Advertisers, and if applicable, Lessors of Rocketown of Middle Tennessee, Lessors of these premises used to conduct the event, 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 releasees from any and all liabilities including attorneys' fees and costs, incident to the participant's involvement in these programs, even if arising from their negligence, to the fullest extent of the law.

6 I, for myself and on behalf of my/our heirs, assigns, personal representatives and next of kin, hereby waive and release the use of my photograph or likeness for any reason or purpose.

**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.**

PARTICIPANTS SIGNATURE _____ DATE _____

PARENT OR LEGAL GUARDIAN SIGNATURE _____ DATE _____

## PARTICIPANT'S INFORMATION: PLEASE PRINT CLEARLY

PARTICIPANT'S NAME _____

DATE OF BIRTH _____ DRIVERS LICENSE # _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PARTICIPANT PHONE NUMBER _____

EMAIL ADDRESS _____

PARENT/LEGAL GUARDIAN'S NAME _____

PHONE NUMBER _____ WORK PHONE NUMBER _____

KNOWN ALLERGIES/MEDICAL CONDITION _____

PREFERRED HOSPITAL _____

INSURANCE COMPANY _____

INSURANCE NUMBER _____

EMERGENCY CONTACT _____

PHONE NUMBER _____ RELATIONSHIP TO PARTICIPANT _____

In the event that I cannot be reached 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.

PARTICIPANT OR LEGAL GUARDIANS SIGNATURE _____ DATE _____

DRIVERS LICENSE # _____