

Last Name: _____

First Name: _____

SKATEPARK WAIVER & RELEASE FORM

**IF YOU ARE UNDER 18 YOUR PARENT OR LEGAL GUARDIAN MUST SIGN THIS WAIVER
PARTICIPANT RELEASE OF LIABILITY – READ BEFORE SIGNING**

In consideration of being allowed to participate and use, in any way, the ESPN X-Games SKATEPARK, related events and activities, the undersigned acknowledges, appreciates, and agrees 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 participants 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, myself 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. This includes, but is not limited to, wearing protective equipment at all times. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and
4. I, for myself and on behalf of my my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE: ESPN X-Games SKATEPARK, Retail Concepts, Inc., ESPN, Inc. and its parent and subsidiaries, their officers, officials, agents, and/or employees, other participants, advertisers, owners and lessors of premises (“Releasees”), 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. I, for myself and on behalf of my/our heirs, assigns, personal representative and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement of participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent of the 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 the above Releasees from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent of the law.
6. I hereby acknowledge and agree that ESPN, Inc. is not the owner or operator of the EPSN X Games SKATEPARK, and is merely the licensor of the name and mark “X Games.” Consequently, I further acknowledge that ESPN, Inc, its parent and subsidiaries and their respect officers, directors employees and agents, do not have general operational authority over the ESPN X Games SKATEPARKS, and exercise only so much control over such operations as is necessary to police its trademark rights, and I will make no allegations in any context (including, without limitation, in litigation) to the contrary.

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. I attest that I am physically fit and have no medical condition that would make my participation in this activity hazardous. 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!

X _____
 PARTICIPANT SIGNATURE DATE SIGNED DATE OF BIRTH

Address: _____ Apt# _____ Email: _____

City: _____ State: _____ Zip: _____ Phone: _____

IF PARTICIPANT IS UNDER 18 YEARS OF AGE – Emergency Phone# _____

Would you like to purchase a membership?	
Yes	No
(Please circle)	

Last: _____ First: _____
 Name of Parent or legal guardian Signature Date signed Drivers license # or identification

MEDICAL RELEASE: 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. My child/I am allergic to the following medications: _____

Legal Guardian/parent or 18+ yr. Participant signature X _____

**SIGNATURE MUST BE NOTARIZED (see below) UNLESS WITNESSED BY AN EMPLOYEE OF
ESPN X-Games SKATEPARK**

Privacy Notice

Please check box if you do not want to receive mail/e-mail communications concerning the ESPN X-Games SKATEPARK, ESPN, EXPN or related offers.

EMPLOYEE SIGNATURE: _____ DATE SIGNED: _____ EMPLOYEE #: _____

ACKNOWLEDGEMENT

State of Georgia
County of Gwinnett

On this _____ (date) before me, _____, personally appeared _____, [] personally known to me --OR-- [] proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), for the purposes and consideration therein expressed.

WITNESS my hand and official seal. _____
Signature of Notary

