Parks, Recreation and Tourism
Chesapeake VIRGINIA

2021 SKATE PARK MEMBERSHIP

Sticker # _____

Staff Initials: _____

Date Received: _____

CHESAPEAKE SKATE PARK
ACKNOWLEDGEMENT OF RISK

This ACKNOWLEDGEMENT is for participation at any City of Chesapeake Skate Park.

I understand this activity involves active participation as an individual or part of a group. This activity may include physical activities which can lead to injury.

I am physically and medically able to participate in this activity and understand that Chesapeake Parks, Recreation and Tourism Department, staff, or instructors, are not responsible for determining whether I am fit for this program. I further understand that if I have questions as to my physical/medical ability to participate in this activity, I should consult a physician before beginning.

Signing this form acknowledges that the participant agrees to abide by rules and common safe practices for this activity. If the posted rules of the park are not followed, the participants will not be allowed to use the park, and face possible suspension or expulsion. This form must be renewed every calendar year when obtaining a new Skate Park Membership Sticker.

Rules:

- ✓ **All participants must be over the age of 6.**
- ✓ **All children under the age of 10 must have a parent or guardian present at the skate park at all times.**
- ✓ **Participants under the age of 18 years old must have the signature of a parent or guardian on this waiver prior to use of the skate park.**
- ✓ **Participants must wear a helmet. Knee pads, elbow pads and wrist guards are strongly recommended.**

RISK ACKNOWLEDGEMENT *I am aware of and understand the potential risks involved in this program/activity and agree that I shall indemnify and hold harmless the City of Chesapeake, Parks, Recreation and Tourism Department, employees, instructors, volunteers, and their assigns from and against all claims, damages, losses, actions, liabilities, and expenses for any and all accidents.*

_____ _____

Participant's Name (please print) **Participant's Age and Date of Birth**

_____

Participant's Signature

Participant Address _____

Street *City* *State/Zip*

Phone: (H) _____ (C) _____ **Email:** _____

_____

Parent's or Guardian's Name and Signature (if participant is under 18)

Emergency Contact Name: _____ **Relationship:** _____

Phone: (H) _____ **(W)** _____ **(C)** _____

Email: _____

SKATE PARK MEMBERSHIPS ARE FOR THE CALENDAR YEAR JANUARY 1 – DECEMBER 31.