

# **Ignite/Central Wesleyan Church: Skateboarding Liability Release Form**

*(All Skaters must wear a helmet, knee pads, elbow pads and be supervised by an Ignite Adult leader at all times while inside the skate facility at Ignite Central Wesleyan Church)*

*To Be Filled Out by Parent or Legal Guardian:*

NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

SCHOOL: \_\_\_\_\_

CITY: \_\_\_\_\_ GRADE: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_\_) \_\_\_\_\_ MALE or FEMALE (*circle one*)

NAME OF PARENT OR LEGAL GUARDIAN: \_\_\_\_\_

NAME AND PHONE NUMBER OF LOCAL EMERGENCY CONTACT: (\_\_\_\_\_) \_\_\_\_\_

Alternate Contact number (\_\_\_\_\_) \_\_\_\_\_

I give permission for my child, \_\_\_\_\_, to skateboard /in-line skate or ride a scooter with the junior high group Ignite/Central Wesleyan Church. I understand that skateboarding /in-line skating and riding scooters on pavement, ramps, rails, and other skate apparatuses can be dangerous and can result in serious injury or even death. I am fully aware of the potential health hazards inherent in skateboarding/in-line skating and scooter riding. I agree that my child skates/rides voluntarily and entirely at his/her own risk. On behalf of myself and my son or daughter, I hereby release Ignite and Central Wesleyan Church and any of its employees or volunteer staff from any liability for personal injuries to my son or daughter stemming from his or her participation in skating/riding activities at Ignite/Central Wesleyan Church. Furthermore, by signing the bottom of this agreement, I release Ignite/Central Wesleyan Church from any liability arising from injuries caused by the negligence of Ignite/Central Wesleyan Church employees or volunteer staff members and/or injuries arising from the negligent care of the facilities, ramps, and equipment. In case of an emergency in which my child is in need of medical attention, hospitalization, or surgery, and after responsible efforts have been made to contact me or my spouse and we cannot be located for the purpose of consenting to treatment, consent for emergency treatment may be given by the Ignite group leader or by any other volunteer staff member or Central Wesleyan Church.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

**Note: To be filled out in its entirety and attached to Ignite medical release form for 2007/2008.**