

## SKATEBOARDING WAIVER & RELEASE FORM

### PARTICIPANT RELEASE OF LIABILITY --- READ BEFORE SIGNING

In consideration of being allowed to participate (skateboard) in any way at ZEMBO TEMPLE SKATE and DESIGN, its 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 loss, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury to me does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISK, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES (as defined in paragraph 4 below) or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary rules, terms and conditions for participation. ; and,
4. **I, FOR MYSELF AND ON BEHALF OF MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN, HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS ZEMBO TEMPLE SKATE and DESIGN, AND THEIR PARENTS, SUBSIDIARIES, AFFILIATES, RELATED COMPANIES, SUCCESSORS AND ASSIGNS, AND ANY AND ALL OF THEIR OFFICERS, DIRECTORS, SHAREHOLDERS, AGENCIES, ATTORNEYS, AGENTS, REPRESENTATIVES, FIDUCIARIES, COMMITTEES AND EMPLOYEES, PAST, PRESENT AND FUTURE FROM ANY AND ALL CLAIMS ARISING OUT OF MY PRESENCE AT ZEMBO TEMPLE SKATE and DESIGN, INCLUDING, BUT NOT LIMITED TO, CLAIMS FOR ANY AND ALL INJURIES, DISABILITY, DEATH, LOSS OR DAMAGE TO PERSON OR PROPERTY, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASES OR OTHERWISE, TO THE FULLEST EXTENT PERMITTED BY LAW, INCLUDING ATTORNEY'S FEES AND ATTORNEY'S FEES ON APPEAL.**

\_\_\_\_\_  
(Signature of Participant and Date)

\_\_\_\_\_  
(Signature of Guardian if Under 18 and Date)

**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 I am prepared for this activity. I also waive and release the use of my photograph or likeness for any reason or purpose. **I WANT TO PARTICIPATE IN THIS HAZARDOUS ACTIVITY!**

**MEDICAL RELEASE:** In the event that I am unconscious or otherwise unable to make medical decisions for myself in an emergency, I hereby give permission for medical treatment, and related transportation, to any licensed physician, surgeon, clinic, hospital or ambulance service to secure proper treatment, and to order anesthesia, for myself as named above.

**I am allergic to the following medications:** \_\_\_\_\_

**Emergency contact (other than self):** \_\_\_\_\_

\_\_\_\_\_  
(Signature of Participant and Date)

\_\_\_\_\_  
(Signature of Guardian if Under 18 and Date)