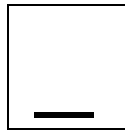




The Center  
 1411 Brady Street  
 Davenport, IA 52722  
 563.324.5278



**IN ORDER TO PARTICIPATE IN SKATECHURCH  
 PLEASE DO THE FOLLOWING:**

- 1. Completely fill out both pages and turn in this Liability form.** All pages must be signed by a birth parent or legal guarding or adult participant in person and be witnessed by a SkateChurch staff person. Legal guardians and stepparent, etc. must submit a copy of a legal document (to be attached to this Liability form) providing legal guardianship. Signatures from stepparents, host-families, grandparents, aunts, uncles, other relatives, friends, etc. (without guardianship papers) are not legally binding.
- 2. Pay session fees to skate/ride.** Sessions are \$3 (subject to change without notice).
- 3. Bring ID to prove age/grade.** We accept: Current school picture ID, birth certificate, driver's license, DMV ID, Medical ID.
- 4. Meet grade/age policies.** Parents/guardians of skaters/bikers are welcome to come and observe all our programs, but may not skate. Students must be at least in 6<sup>th</sup> grade unless completely supervised by a parent at all times in SkateChurch.
- 5. Bring Helmet.** Everyone must wear a helmet! Helmet rules are solely enforced by parents. Loaner helmets are available at SkateChurch.

<b>PARTICIPANTS LAST NAME</b>	<b>FIRST</b>	<b>MI</b>
<b>PHONE ( )</b>	<b>BIRTH DATE / /</b>	<b>AGE GRADE</b>
<b>SCHOOL</b>	<b>E-MAIL</b>	
<b>HOME ADDRESS</b>		
<b>CITY/STATE/ZIP</b>		

**SKATECHURCH CORESPORTS MINISTRY ACKNOWLEDGEMENT/AGREEMENT/WAIVER  
 ASSUMPTION OF RISK TO IDEMNIFY FOR MINORS AND ADULT PARTICIPANTS**

I, the undersigned, (hereinafter the "undersigned") do agree to indemnify, hold harmless and defend SkateChurch, its staff, interns, The Edge, The Center, St. John's United Methodist Church and volunteers (herinafter SK8) upon receipt of this **SKATECHURCH CORESPORTS MINISTRY ACKNOWLEDGEMENT/AGREEMENT/WAIVER ASSUMPTION OF RISK TO IDEMNIFY FOR MINORS AND ADULT PARTICIPANTS** (hereinafter the "Agreement") and hereby grant permission for the above named person (hereinafter "Participant") to participate in the core sports ministry of SK8 subject to the following conditions and requirements:

- The Undersigned (parent, legal guarding of the Participant or the above named adult Participant) understands, acknowledges, and agrees that this Agreement applies whether the Participant is an observer, a bystander, or an active participant, whether the activity is at the above stated premises, adjacent properties, or on an outing of SK8, including travelling to or from such activities.
  - I understand that the Participant must obey all the SK8 rules, staff, interns, and volunteers at all SK8 events.
  - The Undersigned understands, acknowledges, and agrees that skateboarding, BMX, in-line skating, scooter riding, and other core sports are dangerous and can result in injury, disability, death, r personal property damage, and is fully aware of the risks and hazards inherent to entering the premises of such activities, observing or participating in such activities, recognizing that such hazards and dangers are further increased when other persons, whether of the same level, experience, or skill, are using the same facilities, and herby voluntarily enrolls the Participant, knowing the present condition of SK8's ramps, equipment, facilities, and property with full knowledge that the said condition may become more hazardous and dangerous at any time.
  - The Undersigned hereby strictly and completely voluntarily, with no coercion, assumes all risk of injury, disability, or death that may be sustained by the Participant and any damage to or theft/loss of Participant's property while in SK8 and understands that various degrees of experience and skill are required for the different flat surfaces, curbs, steps, ramps, half-pipes, inclines, bowls, drop offs, and other venues/riding surfaces and agrees that it will be the Participant's sole judgment as to what the Participant will attempt to ride/do.
  - In consideration and upon receipt of this Agreement, the Undersigned hereby releases SK8 and The Center on behalf of the above named Participant, his/her heirs, assigns, and legal representatives from any and all liability for personal injuries, disabilities, death or property damage/theft/loss arising out of his/her involvement, whether or not the said injuries, deaths, damages/losses/thefts were caused by/in the negligent care of the facilities, ramps, equipment, observation areas, or by SK8. Participant agrees to pay all costs, attorney's fees, and expenses incurred by SK8 in enforcing this Agreement, and litigations and appeals therefrom, if any.
  - The Participant and Undersigned agree never to sue SK8 in connection with any damages, losses, claims, demands, rights, actions, and causes of action of whatever nature, whether injuries, disabilities, death, or damages/losses/thefts to his/her property.
  - The Undersigned agrees for himself/herself, and for his/her heirs and legal representatives to indemnify, to save and hold harmless, and defend The Center and SK8 and its attendees, against and from any and all damages, actions, causes or action, claims, judgments, costs of litigation and attorney's fees, which may in any way whether by action(s) and/or negligence at any time result from the Participant's involvement in SK8.
  - SK8 may immediately revoke this Agreement for any violations of any of its terms.
  - Under the penalty of perjury, the Undersigned does warrant to SK8 that all the information given on this Agreement is true, current, and accurate.
- ←OR→
- I, as the birth parent/legal guardian of the Participant, have read, understand, and had the opportunity to ask questions, and consent to the terms above and to the minor becoming a Participant.
  - I, as an adult, have read, understand, and had the opportunity to ask questions, and consent to the terms above and to becoming a Participant.

X \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ X \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Birth Parent/Legal Guardian Signature Skater Age 18 or Older/Adult Participant Signature

Relationship to Participant \_\_\_\_\_

<b>!! EMERGENCY CONTACT INFORMATION ONLY PLEASE !!</b>			<b>PLEASE PRINT</b>		
<b>Last Name</b>	<b>FIRST NAME</b>	<b>MI</b>			
<b>EMERGENCY CONTACT NUMBERS</b>					



The Center  
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Davenport, IA 52722  
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# FOR TRAVEL USE ONLY

## SKATECHURCH CORE SPORTS EMERGENCY MEDICAL/DENTAL RELEASE AND CONSENT AGREEMENT

1. The undersigned (hereinafter "Undersigned") does hereby authorize SkateChurch, its staff, interns, and volunteers (hereinafter "SK8") to consent to IMMEDIATE FIRST AID MEDICAL CARE, any X-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care for the Participant (named on reverse side, hereinafter "Participant") which is deemed advisable by and to be rendered under the general or special supervision of any physician or surgeon, licensed under the provision of the Medicine Practice Act or any dentist licensed under the Dental Practice Act, at any hospital, dental office, or elsewhere.
2. I understand that **my insurance and/or my finances will cover any such treatment and that SK8 will not be liable**, whether or not I am insured.
3. I understand that the Participant will be taken to a hospital/medical facility by car or by ambulance if SK8 believes that the Participant may need medical/dental attention. If an accident/incident occurs within the Davenport city limits, the Participant will usually be brought to the **below specified hospital**, unless it is determined that the urgency or nature of the injury merits treatment at another medical facility, in which case I assume total financial responsibility for payment of all such services. I understand that incidents, accidents, physical/medical and dental emergencies which occur on off-site trips or activities of SK8 outside the Davenport city limits will be treated at a nearby hospital or medical facility whether or not my insurance applies at such a facilities and I assume total financial responsibility for payment of all such services.
4. I understood that an effort will usually be made to contact the Undersigned prior to transporting or rendering treatment to the Participant, but that any of the above transportation or treatment will not be withheld if for any reason the Undersigned is not contacted.
5. **I the Undersigned do hereby authorize SK8 to act as my agent in presenting this agreement to any qualified medical/dental practitioners** and will not hold SK8 liable for any treatments rendered.
6. I also give permission for SK8 to administer medication the Participant has to take. I will provide SK8 with this medication in the original container with specific written instructions on the container for its dispensing.
7. This authorization will remain effective whether the Participant is inside the building, outside the building, at another locations, or in route to or from, participating in or observing any program or activity of SK8.
8. I understand that it is my sole responsibility to inform SK8 in writing of any changes to any of the information submitted on either page of this form.

1. Does the participant have any allergies to medicine or medical/physical conditions which SK8 or medical/dental professionals should be aware of? Please explain. \_\_\_\_\_

2. Does the participant have medical insurance?  
Insurance Company \_\_\_\_\_ Policy \_\_\_\_\_  
Name of Policy Holder \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

3. Genesis Medical Center because of location of SkateChurch will be preferred hospital. In case of emergency, I authorize treatment at any other alternate hospital. My preference is (name of hospital) \_\_\_\_\_

4. **Emergency contact** other than parent/legal guardian:  
Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Relationship \_\_\_\_\_

5. Under the penalty of perjury, the Undersigned does warrant to SK8 that all the information given on this form is true, current and accurate.

6. I, as the birth parent/legal guardian of the Participant, have read, understand, and had the opportunity to ask questions, and consent to the terms above and to the minor becoming a Participant.

**OR**

6. I, as an adult, have read, understand, and had the opportunity to ask questions, and consent to the terms above and to the minor becoming a Participant.

X \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ X \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
Birth Parent/Legal Guardian Signature Skater Age 18 or Older/Adult Participant Signature

**RELATIONSHIP TO PARTICIPANT** \_\_\_\_\_  
**PRINT NAME** \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_  
**CITY/STATE/ZIP** \_\_\_\_\_  
**E-MAIL ADDRESS** \_\_\_\_\_ **CELL PHONE (\_\_\_\_)** \_\_\_\_\_

IF PARENT OR LEGAL GUARDIAN OF MINOR DOES NOT APPEAR TO SIGN IN PERSON, THEN SIGNING MUST BE WITNESSED AND NOTARIZED BY A NOTARY PUBLIC. THIS NOTARY SEAL BELOW APPLIES TO BOTH LIABILITY PAGE AND MEDICAL PAGE OF THIS FORM.

(SEAL)

\_\_\_\_\_  
NOTARY PUBLIC