

## HANNIBAL PARKS AND RECREATION DEPARTMENT HUCKLEBERRY RAMP PARK WAIVER AND RELEASE OF LIABILITY Read Before Signing

- 1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist; and
- 2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM NEGLIGENCE OF THE RELEASEES 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. If however, 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 heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the City of Hannibal, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers and, if applicable, owners and lessors of premises used to conduct the event (Releasees) WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

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.

Name of User/Parent/Guardian:	
Address:	_
Signature if 18 or Over	-

## FOR PARTICIPANTS OF MINORITY AGE

(Under Age 18 at the Time of Registration)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and for myself, my heirs, assigns, and next of kin. I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

Parent or Guardian's Signature	Emergency Phone Number	Date Signed

## DECLARATION OF FITNESS TO PARTICIPATE IN SKATE PARK ACTIVITIES

I hereby declare that I am physically fit: I do not, and have not, suffered from any of the following conditions, which I understand may lead to a dangerous situation with regard to other persons or myself during Skate Park Activities, including but not limited to skateboarding, inline skating or BMX riding:

Epilepsy, fits, severe head injury, recurrent blackouts or giddiness, disease of the brain or nervous system, high blood pressure, lung or heart disease, recurrent weakness or dislocation of any limb, diabetes, mental illness, recent back injury, arthritis and severe joint sprains, chronic bronchitis, asthma, rheumatic fever, thyroid adrenal or other glandular disorder, recent blood donation or any condition that requires the regular use of drugs.

I hereby declare that I have no physical or mental condition that should preclude me from participating in my chosen activity, that I am not participating against medical advice or treatment and that I have not been diagnosed by a registered doctor as having a terminal illness.

I further declare that in the event that I feel ill or unwell, have any physical complaints whatsoever or if an injury is sustained of any kind during the course of Skate Park Activities, I will notify the senior Park Employee on duty immediately and before leaving the premises.

## I have read the above Declarations, understand them, and I agree to be bound by them.

S/		
Signature of Adult Participant	Name of Adult Participant (Please Print)	Date
Address of Adult Participant		Contact No#
S/ Signature of Parent or Guardian if Participant is a Minor, and by their signature, they on my behalf release all claims that both they and I have	Name of Parent or Guardian (Please Print)	Date
Address of Parent or Guardian		Contact No#
	Name of Minor (Please Print)	Date
If you cannot sign the above declara notify management immediately prior t	tion because of any of the above cond o entering the skate area.	litions, you must
Attention of the Authorised Insure	d Only (Counter- Sign upon full and correct comp	letion)
S/		