

PARTICIPANT WAIVER



This form MUST be completed, signed and processed by Skate Parks Australia Pty Ltd (SPA) to enable you to use the ramps. If you are under 18, a parent or legal guardian MUST sign this form and their signature witnessed by another person over 18. You accept Skate Parks Australia Pty Ltd rules and regulations including the wearing of a helmet. Please complete your personal details and ensure the form is properly signed.

First Name	Last Name	
Address	Suburb	
State	Postcode	
Email	Phone No.	
Date of Birth	Age	Male/Female

Tick your preferred sport Skateboarding BMX Inline Scooter

Have you ridden ramps before? Yes No

DECLARATION AND WAIVER RELEASE AND INDEMNITY DEED

All persons must complete this document prior to participation.
The activities described include adventurous recreational activities and are not without inherent risk. SPA thanks you for reading this document carefully.
TO: Skate Parks Australia Pty Ltd, New South Wales/Victoria (including its directors, employees, principals, agents and independent contractors), (collectively referred to as "SPA"): I confirm the following is true and correct and that SPA has relied on my answers in allowing me to participate in recreational activities of and incidental to things including skateboarding, inline skating, scooter riding and BMX riding ("the activities"). In consideration of SPA permitting me to participate in the activities,
Name and Likeness Release I hereby grant permission to the event organisers, their successors and sponsors to use my name, image and likeness in direct connection with the activities for promotional broadcasting or reporting purposes in any and all manner and media, unless restricted by Privacy Legislation.
Express Voluntary Assumption of Risk I understand that I, and each participant in the activities, will be engaging in activities involving a real risk of serious injury or even death from various causes including but not limited to equipment failure, accidents with other participants, spectators, course or weather conditions or other causes. I voluntarily accept all risks necessarily flowing from my participation, which could result in loss of life or injury.
Liability Release and indemnity I hereby release SPA and all persons or corporations associated directly or indirectly with the conduct of the activities from all claims, demands and proceedings arising out of my participation and hereby indemnify them against all liability (including liability for their negligence and the negligence of others) for all injury, loss or damage arising out of or connected with my participation in the activities. This release shall extend to and include SPA and the promotion organiser, partners, managers, officers, agents, contractors, any club, organization and volunteers including medical and paramedical personnel appointed for the activities, the owners, licensees, and occupiers of land on which the activities or any part of it are conducted or which is involved directly or indirectly with the activities in any manner whatsoever and promoters, sponsors and activities organisers. This release and indemnity continues forever and binds my heirs, executors, personal representative and assigns.
Equipment and Facilities Inspection I agree that before I participate in the activities, I will independently inspect the related facilities and equipment. I will immediately advise SPA of any unsafe condition that I have observed. I will refuse to participate in the activities until all unsafe conditions observed by me have been remedied. I acknowledge that reasonable safety precautions are undertaken by SPA and the ramp builder (such as supervision, helmet safety checks), but such are a service to me and other participants and are not a surety of safety.
Protective Equipment As an activities participant I hereby agree to supply and wear my own suitable helmet, sandshoes or runners plus a tee shirt and shorts as the minimum protective equipment requirements at all times whilst I am taking part in the activities.
Physical Fitness I have independently assessed the activities and I am physically fit to participate in the activities in which I have chosen to participate and have not been advised otherwise by a medical practitioner. I do not have any possibly relevant pre-existing medical or physical conditions, which have not been disclosed to SPA and the activities organisers.
Medical Treatment I consent to receiving any medical, eg first aid, treatment that SPA considers reasonably necessary during or after the activities.
Personal Property I hereby acknowledge that I have the sole responsibility for my personal property during the activities. I acknowledge the terms and conditions of this document are contractual in nature, are intended to have legal effect and are not a mere warning or recital. SPA is not responsible for my decision to participate in the activities and I was not induced by SPA to do so. I acknowledge my registration is not transferable to any other person. I have read this document, understand its contents and complete it of my own free will.

SIGNED SEALED AND DELIVERED:

Guardian: (Complete if Participant is under 18)*

Full Name	Full Name	
Date of Birth	Date of Birth	
Signature	Signature	
Today's Date	Relationship	Today's Date

*If the person executing the foregoing is a legal infant or minor (under 18 years of age), the following section must be completed: I am a parent or legal guardian of the legal infant or minor who is named above. I hereby covenant and warrant my answers provided are true and correct and hereby agree that we shall both be bound by this document.

EMERGENCY CONTACT:

All must be witnessed:

Full Name	Full Name	
Relationship	Signature	
Contact Number	Date Witnessed	