



CHARLOTTE COUNTY COMMUNITY SERVICES

SKATE PARK CONSENT/WAIVER FORM

Membership # _____

Expiration Date: _____

Participant Information

Name: _____ Age/D.O.B: _____ / _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ (Home) _____ (Work) _____ (Cell)

Email: _____

Emergency Contact Person

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ (Home) _____ (Work) _____ (Cell)

Email: _____

Consent/Release

The undersigned hereby acknowledges that skateboarding and inline skating are sports that have inherent risks and dangers that can cause personal injury or death. I understand that Charlotte County, in accordance with Section 316.0085, Florida Statutes, has designated certain public property as areas where skateboarding and inline skating is permitted. I further understand that Section 316.0085, Florida Statutes, provides that governmental entities and public employees are not liable to any person who participates in skateboarding or inline skating in designated areas. I have familiarized myself with the rules and regulations adopted by Charlotte County that govern my use of the skate park facility and I understand that if I violate any of the rules and regulations, I will not be able to use the facilities. In consideration of being permitted to utilize the skate park facility, I hereby agree to indemnify, release and hold harmless Charlotte County, its officers and employees from any liability for injuries incurred by me or injury I may cause to property or other persons while utilizing the skate park. If participant is a minor child, then a parent or guardian must sign this form on behalf of the minor child. Charlotte County may videotape or photograph activities at the skate park and I hereby authorize Charlotte County publish, print, display or otherwise publicly use for advertising or promotional purposes my name, portrait, photograph, or other likeness of me while I am utilizing the skate park. I hereby authorize medical personnel, as Charlotte County may designate, to carry out any minor medical treatment deemed necessary or to transport me or my minor child to a medical facility/emergency room of the nearest hospital for treatment, if required. I further understand that in the case of a medical emergency, 911 will be called and I hereby authorize the staff at the designated hospital to provide all necessary emergency medical treatment. I understand that there is no medical coverage included in any programs offered by the skate park and by participating in any activities at the skate park, I, on behalf of myself and my minor children, assume all responsibility for payment for any medical treatment rendered to me or my minor children. Completion of this form does not guarantee use of or participation in events conducted at the skate park.

Participant Signature: _____ Date: _____

Printed Name of Parent/Guardian if Participant is under 18 years of age: _____

Parent/Guardian Signature: _____ Date: _____

Staff Witness: _____ Print Name: _____

DOCUMENT MUST BE NOTARIZED IF SIGNED OFF SKATE PARK PREMISES

State of Florida

County of _____

Sworn to and subscribed before me this _____ day of _____, _____

My Commission Expires _____ Notary Public, State of Florida _____