



City of Blue Lake

2016 - Assumption of Risk

Waiver of Liability for Participation in the Skating Program (minor)

Please Complete and Return to Blue Lake Parks and Recreation Department

P.O. Box 458 111 Greenwood Rd. Blue Lake, CA 95525

Phone: 707.668.5655

Fax: 707.668.5916

I, _____, being the parent and/or legal guardian of _____, a minor, hereby give permission for his/her participation in roller skating, and further, in consideration of my child being permitted to participate in this program, hereby agree to the following:

I understand the nature of the activities in which my child will be participating and believe that my child is qualified, in good health, and in proper physical condition to participate in such activities. **I understand that very nature of roller skating/blading is risky, including but not limited to slip and falls, colliding with other skaters of varying degrees of skill (including being struck from behind), sustaining cuts, ill-fitting skates, failure in supervision or instruction, horseplay, carelessness, poor technique, poor conditioning, rule violations, striking a stationary object, premises defects outside the rink, and all other risks inherent to the activity of roller skating/blading.**

This activities involve risks and danger of bodily injury and that these risks and dangers may be caused by my child's actions or inactions, the actions or inactions of other participants in the activities, the conditions under which the activities take place, or the negligence of others, including the RELEASEES named herein, and that I fully accept and assume all such risks and dangers, and all responsibilities for losses, costs and damages incurred as a result of my child's participation in these activities. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS THE CITY OF BLUE LAKE, ITS EMPLOYEES, AGENTS, VOLUNTEERS, INDEPENDENT CONTRACTORS, OFFICERS, ASSIGNS AND SUCCESSORS (RELEASEES) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES OR DAMAGES, SUSTAINED BY ME OR MY CHILD, CAUSED OR ALLEGED TO BE CAUSED, IN WHOLE OR IN PART, BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE CHILD OR ANYONE ON THE CHILD'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEYS' FEES, LOSS, LIABILITY OR DAMAGE, OR ANY OTHER COST THAT MAY OCCUR AS THE RESULT OF SUCH A CLAIM. Finally, I further agree that photographs which depict my child's participation in the program may be used for program publicity and for other uses consistent with the law without any further written agreement or authorization.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT. I FULLY UNDERSTAND ITS TERMS. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT

*Parent/Guardian (Signature)

Phone Number

Date

*Signature of parent or guardian is required for minors under age 18.