



City of Bellevue Parks & Community Services Department
Bellevue Indoor Skate Park Waiver

PARTICIPANTS NAME: Last First Age
one form per participant

Date of Birth

Other Medical, Behavioral and/or Family issues:

Please list any medical, behavioral and/or family circumstances we should be aware of so that we can better care for your child.

PARENT/GUARDIAN

PARTICIPANT OF 18 YEARS OLD

Home address:

Home address:

Telephone: Home

Telephone: Home

Telephone: Work

Telephone: Work

Cell:

Cell:

Email:

Email:

WAIVER OF LIABILITY/RELEASE – PLEASE READ CAREFULLY

In consideration of myself and/or my child(ren) being allowed to use City of Bellevue Parks & Community Services facilities and/or participate in the City-sponsored activity(ies) identified herein, I ASSUME ANY AND ALL RISKS, INCLUDING RISK OF INJURY OR DEATH, associated with my or my child(ren)'s use of said facilities and/or participation in said activities. I further agree on behalf of myself, my heirs, executors, assigns, and personal representatives, to waive and RELEASE any and all rights and claims for damages, including attorney fees, I now, or may hereafter have, whether known or unknown, against the City of Bellevue and its officials, employees, and agents for any injuries suffered by me or my child(ren) in connection with the use of City facilities or participation in the City-sponsored activity(ies) identified herein. I acknowledge that I have carefully read this WAIVER OF LIABILITY and fully understand that I am waiving any right that I may have to bring a legal action or to assert a claim against the City of Bellevue in connection with the use of City facilities or participation in the City-sponsored activity stated below.

PHOTO/VIDEO RELEASE: I give my permission to have photos and/or video and audio recordings taken of me or my child(ren) during City of Bellevue activities and authorize the City of Bellevue to copyright, use, and publish the same. I understand I am waiving any right of privacy, compensation, copyright or other ownership right connected to the photo or recording. If you do not give permission to have photos and/or video and audio taken of you or your child(ren), please contact the main office at 425-452-6885 or Parksweb@bellevuewa.gov.

I acknowledge that I have carefully read this WAIVER OF LIABILITY / RELEASE and fully understand that I am waiving any right that I may now or hereafter have to bring a legal action to assert any claim against the City of Bellevue in connection with my or my child(ren)'s participation in this activity.

I accept the conditions printed above:

Participant or Participant's Parent/Guardian Signature

Date

Printed Participant Name

SKATE PARK RULES

I will always wear a helmet while skating.

I will not use offensive language or gestures.

I will respect all park visitors and skate park staff.

I will not use drugs or alcohol.

I will not use graffiti or damage property.

CONSENT TO MEDICAL CARE AND TREATMENT OF A MINOR

I authorize all medical, surgical, diagnostic and hospital procedures as may be performed or prescribed by a health care provider or hospital for my child if I cannot be reached in case of an emergency. My consent includes, but is not limited to, administration of anesthetics, medical treatment, tests, or x-ray examinations, transfusions, injections or drugs and the performing of whatever diagnostic procedures and/or surgical operations may be deemed necessary or advisable. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care. This authorization shall remain in effect until revoked in writing, with notice to the treating physician and hospital.

By Signing Below, I agree to Consent to Skate Park Rules and Medical Care and Treatment of Minor listed above:

Signature of Parent/Guardian/Participant over 18

Date

EMERGENCY CONTACT

Persons, other than parents, allowed to pick up your child. I hereby give my permission for my child(ren) to be picked up, or contacted, by the following people:

	Contact Name	Cell Phone	Work Phone	Home Phone
1				
2				
3				

Staff Signature

Date