



# Bellevue Indoor Skate Park Waiver

City of Bellevue Parks and Community Services

Skater Name: \_\_\_\_\_  
*First* *Last*

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Medical Issues: \_\_\_\_\_  
*Month Day Year*

Parent or Guardian Name if under 18: \_\_\_\_\_

Home Address: \_\_\_\_\_  
*Street City ZIP*

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Emergency Telephone: \_\_\_\_\_

## **RULES – Please Read and Sign Below**

**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.** If a participant is acting inappropriately, the staff may ask the participant to leave without a refund or trespass the participant from the premises. The staff have the right to decline participation if they deem the park is too crowded, or if they determine that the skill level of the participant puts themselves or others in danger. **MEMBERSHIPS ARE VALID FOR ONE YEAR.**

## **CONSENT TO MEDICAL CARE AND TREATMENT OF A MINOR**

The undersigned authorize all medical, surgical, diagnostic and hospital procedures as may be performed or prescribed by a treating physician of hospital for my child(ren) if I cannot be reached in case of an emergency.

My consent includes, but is not limited to, administration of necessary anesthetics, medical treatment, tests, x-ray examinations, transfusions, injections or drugs and the performing of whatever operations may be deemed necessary or advisable. Further, consent is granted to any such physician to exercise his/her discretion in authorizing the disposal of severed tissue or members.

It is understood this authorization is given in advance of any specific diagnosis, treatment or hospital care. This authorization shall remain in effect until revoked in writing by the undersigned, with notice to the treating physician and hospital, or until the undersigned void their signatures hereon.

## **WAIVER OF LIABILITY/PHOTO RELEASE**

In consideration of your accepting this pay entry for the City of Bellevue Parks and Community Services Department programs and sites, thereby, myself, my heirs, executor, assigns and personal representatives, waive and release any and all rights and claims for damages I now, or may hereafter have, whether known or unknown, against the City of Bellevue, Washington, its employees, agents and volunteer workers, for any injuries suffered by the program participant in connection with participating in said program.

I, give my permission to have photos and/or video tapes taken for publicity purposes, without recompense, during City of Bellevue activities. I CERTIFY that the above information is true, correct and complete. I also certify that all permissions and authorizations contained herein are granted.

\_\_\_\_\_  
*Signature of Parent/Guardian or Participant over 18 years old* *Date*

\_\_\_\_\_  
*Staff Signature* *Date*