

# RAD Skate Park, LLC

49 Uxbridge Rd. Mendon, MA 01756

## Admissions Packet

In order to participate in any activities at RAD Skate Park, LLC, participants must complete the following sheets:

- Waiver & Release of Liability
- Rules & Regulations Agreement
- Emergency/Medical Contact Sheet
- Declaration of Fitness

Participants under the age of 18 **must** have a parent/guardian sign the forms in the presence of a RAD Skate Park, LLC employee. If for any reason, a parent/guardian is unable to complete the forms at the park, or is not present, the forms must be signed by a parent/guardian and **notarized**. Notary publics are available at most town hall clerk's desks, post offices, banks.

Participation will NOT be permitted without completed paperwork.

After paperwork is completed, participants will need to have a photo ID to check-in for subsequent visits to the park. In the event that a participant does not have a photo ID, a photograph can be kept on file at the park for ID purposes only, or the participant can be signed in by a parent/guardian.

Also, please be aware the helmets are **REQUIRED** for participation. In the event that a participant does not have a helmet, rentals are available at the park.

# **RAD Skate Park LLC**

## **Waiver and Release of Liability**

### **READ BEFORE SIGNING**

In consideration of being allowed to participate in any way in the **RAD Skate Park LLC** athletic/sports program, related events and activities, I, \_\_\_\_\_ (name of participant), the undersigned acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is sufficient, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWING AND FREELY ASSUME ALL OF THE SUCH RISKS, both the known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives, and the next of kin, HEREBY RELEASE AND HOLD HARMLESS **RAD Skate Park LLC**, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable owners and leasers of premises used to conduct the event ("Releasees"). WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property. WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

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

X \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_  
Participant's signature Age Date Signed

### FOR PARTICIPANTS OF MINORITY AGE

**(18 & UNDER AT THE TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X \_\_\_\_\_ X \_\_\_\_\_  
Parent/Guardian's signature Printed Name

X \_\_\_\_\_ X \_\_\_\_\_  
Emergency Phone Date

# ***RAD Skate Park LLC***

## ***Rules & Regulations Agreement***

**As an attendant of RAD Skate Park, you must obey the following rules & regulations. As always, your questions and comments are welcome.**

- Helmets must be worn at all times, in designated areas.
  - Warning policy – “3 Strikes & you’re out”.
- Appropriate language must be used.
  - Warning policy – “3 Strikes & you’re out”
- Keep our park clean.
  - Trash to be placed in indicated receptacles
  - Recyclables to be placed in indicated receptacles
  - Littering outside, in parking areas or otherwise, will not be tolerated.
- Fighting is not permitted.
  - Zero tolerance – “1 Strike & you’re out”
  - Fighting could lead to probation from attendance if deemed necessary by owners
- Respect our community
  - A common courtesy towards the park, its staff, owners, patrons and spectators is expected. Disrespect is not welcome, and will be dealt with as necessary. Possible consequences could be as simple as a talk, or as serious as probation/suspension of attendance.
- Drug & Alcohol Free Environment
  - Zero Tolerance policy.
  - 2<sup>nd</sup> time offenders will be suspended from attendance
  - Multiple offenses could be grounds for permanent attendance termination
- Smoke-Free Environment
  - All indoor areas are smoke free
  - Smoking only permitted in designated areas outside
    - Smoking area will be placed as far from entrances as possible

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I, \_\_\_\_\_, have read the above Rules & Regulations for RAD Skate Park, LLC.  
I understand the consequences of these policies, and will do my best to adhere to all rules & regulations.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name (printed): \_\_\_\_\_

Parent Signature (if under 18): \_\_\_\_\_

# **RAD Skate Park LLC**

## **Contact Sheet**

Name (Participant): \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (ex. 06/30/2009)

Street Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (home): \_\_\_\_\_

(work): \_\_\_\_\_

(Cell): \_\_\_\_\_

### ***Medical/Emergency Contact Information***

Known Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

Phone: (home) \_\_\_\_\_

(work) \_\_\_\_\_

(Cell) \_\_\_\_\_

#### **OPTIONAL INFORMATION:**

Medical Information: \_\_\_\_\_

Doctor's Name (primary care physician): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Special Notes: \_\_\_\_\_

# RAD Skate Park LLC

## Declaration of Fitness to Participate in Skate Park Activities

I hereby declare that I am physically fit. I do not, and have not, suffered from any of the following conditions, which I understand may lead to a dangerous situation with regard to other persons or myself during skate park activities, including but not limited to skateboarding, inline skating or bmx riding:

Epilepsy, fits, severe head injury, recurrent blackouts or giddiness, disease of the brain or severe nervous system, high blood pressure, lung or heart disease, recurrent weakness or dislocation of any limb, diabetes, mental illness, recent back injury, arthritis and severe joint sprains, chronic bronchitis, asthma, rheumatic fever, thyroid adrenal or other glandular disorder, recent blood donation or any condition that requires the regular use of drugs.

I hereby declare that I have no physical or mental condition that should preclude me from participating in my chosen activity, that I am not participating against medical advice or treatment that I have not been diagnosed by a registered doctor as having a terminal illness.

I further declare that in the event that I feel ill or unwell, have any physical complaints whatsoever or if an injury is sustained of any kind during the course of the skate park activities, I will notify the senior park employee on duty immediately and before leaving the premises.

**I have read the above Declarations, understand them, and I agree to be bound by them.**

X \_\_\_\_\_ X \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Participant Name of Participant

\_\_\_\_\_  
Address of Participant Contact Phone Number

X \_\_\_\_\_ X \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Parent or Guardian if Participant Name of Parent/Guardian

Is a Minor, and by their signature, they on my behalf release all claims that both they and I have.

\_\_\_\_\_  
Address of Parent or Guardian Contact Phone Number

\_\_\_\_\_  
Name of Minor (Printed) Date

**If you cannot sign the above declaration because of any of the above conditions you must notify management immediately prior to entering the skate area.**



**Attention of Authorized Insured Only (Counter- Sign upon full & correct completion)**

X \_\_\_\_\_ X \_\_\_\_\_ Date \_\_\_\_\_

Counter Signature of Authorized Insured

Name of Authorized Insured (Print)