



PARTICIPANT AGREEMENT, RELEASE, AND ACKNOWLEDGMENT OF RISK

In consideration of the services of San Diego Skateboarding their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter referred to as "SDS"), I hereby agree to release, indemnify, and discharge SDS, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows.

1. I acknowledge that skateboarding entails unanticipated risks which could result in physical or emotional injury, paralysis, death, or damage to myself, to property or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. The risks include among other things: Collision with other participants, the walls, other fixed objects; falling down; my own equipment failure, or the failure of others equipment; my own equipment failure or the failure of others equipment; my own or others negligence; and objects or conditions on the surface that may cause me to fall; broken bones, sprains, head and back injuries, abrasions, and bruises. Furthermore, SDS employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They may give inadequate warnings or instructions, and the equipment being used might malfunction.
2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless SDS from any and all claims; demands, or causes of action, which are in any way connected with my participation in this activity or my use of SDS equipment or facilities, including any such Claims which allege negligent acts or omissions of SDS.
4. Should SDS or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage I may suffer while participating, or else agree to bear the costs of such injury or damage myself. I further certify that I have no medicinal or physical conditions which could interfere with my safety in this activity, or else I am willing to assume -- and bear the costs of -- all risks that may be created, directly or indirectly, by any such condition.
6. In the event that I file a lawsuit against SDS, I agree to do so solely in the state of California, and I further agree that the substantive law of that state shall apply in action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against SDS on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read it, and I agree to be bound to its terms.

Signature of Participant: _____ Date: _____
Print Name: _____ Birth Date: _____
Address: _____ City: _____
State: _____ Zip: _____ Email: _____
Home #: _____ Work #: _____

PARENT'S OR LEGAL GUARDIAN'S ADDITIONAL INDEMNIFICATION

(Must be completed for participants (by parents or legal guardian) if under the age of 18)

In consideration of _____ (print minor's name) ("Minor") being permitted by SDS to participate and use its equipment and facilities, I further agree to indemnify and hold harmless SDS from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by minor. I have the minor's parents permission to sign this form.

Parent or Legal Guardian

Signature: _____
Print Name: _____ Cell#: _____
Work #: _____ X: _____ Date: _____
Phone #: _____ Relationship: _____