

Waterloo Park District
P.O. Box 69
Waterloo, Illinois 62298

Organized 1955

Member – Illinois Association of Park Districts

www.waterlooparkdistrict.org

**Skateboard Facility
Participant Waiver and Release**

I am fully aware of the fact that there are special dangers and risks inherent in the activity of skateboarding/riding, including the risk of serious physical injury, death or other consequences that may arise or result directly or indirectly from skateboarding/riding. Being fully informed as to these risks an consideration of being allowed to participate in skateboarding/riding activities and/or use of the facilities, I hereby assume all risk of injury, damage and liability arising from such activities or use and hereby release Waterloo Park District, its officials, employees and agents and waive any right that I might have to bring claim or a lawsuit against them for any personal injury, death or other consequences occurring to me arising out of my voluntary participation in the activity of skateboarding/riding.

Participant Printed Name _____

Participant Signature _____

Participant Address _____

City, State & Zip Code _____

Phone Number (Land Line and/or Cell Number) _____

Date _____

Include copy of photo ID with this wavier

(Required for Parents/Guardians of Participants under age 18)

I certify that I am the parent or legal guardian of the participant named below; that I have read and understood the foregoing release and waiver; and that I in consideration of allowing the participant to participant in the skateboarding/riding activities and/or use of the facilities, join in the release and waiver without reservation and agree to release and waive any claim or legal cause of action that I might have arising out of the skateboarding/riding activity (including personal injury or death of the participant) against the Waterloo Park District, its official, employees and agents. I further grant my full consent for the above-named participant to engage in this activity.

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____

Participant/Parent/Guardian Address _____

City, State & Zip Code _____

Phone Number (Land Line and/or Cell Number) _____

Date _____

**Send completed waiver & copy photo ID to;
Waterloo Park District, P O Box 69, Waterloo, IL. 62298**