



Treaty Park Skate Park Liability Waiver

Name: _____ Date of Birth: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Waiver and Release of Liability - Read Before Signing

In consideration of being allowed to participate in any way at the Treaty Park Skate park, I the undersigned acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, 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 even when these activities are conducted in accordance with all such rules. These activities are inherently dangerous, and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF 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 immediate attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives, and next of kin, HEREBY RELEASE AND HOLD HARMLESS THE ST. JOHNS COUNTY BOARD OF COUNTY COMMISSIONERS, their officers, officials, agents and/or employees, other participants, sponsoring age sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT. I FULLY UNDERSTAND ITS TERMS AND I ALSO UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I SIGN FREELY AND VOLUNTARILY.

FOR PARTICIPANTS OF MINORITY AGE (Under age of 18 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 Releases, and, for myself, my heirs, assigned, and next of kin, I release and agree to indemnify the Releases 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 RELEASES, to the fullest extent permitted by law.

Parent/Guardian Signature: _____ Date Signed: _____

Print Name: _____ Emergency Phone Number(s): _____

Notary Information:

State of _____ County of _____

Sworn to and subscribed before me this _____ day of _____, 20 _____, by
_____ who is (check one) : _____ personally known to me or
_____ has produced _____ as identification.

Notary Public

Return to: St. Johns County Recreation and Parks Department
901 Pope Road
St. Augustine, Florida 32080