



# Process Skateboard Ministry/G&P Indoor Skatepark



## Release of Liability and Medical Release

Participants Name \_\_\_\_\_

Birth Date \_\_\_\_\_

Email \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Contact # \_\_\_\_\_

Emergency Contact Name (EC): \_\_\_\_\_

EC Phone Number: \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I, \_\_\_\_\_ give my son/daughter \_\_\_\_\_ permission to participate in Process Skateboard Ministry/G&P Indoor Skate Park activities. I understand that there is serious risk and even death involved when traveling and participating in skateboard activities and programs. Understanding Process Skateboard Ministry/G&P Indoor Skate Park will take every reasonable effort to create a safe environment and to look after the well being of myself/my child, I release Process Skateboard Ministry/G&P Indoor Skate Park from all liability while myself/my child is in their care.

-I give Process Skateboard Ministry/G&P Indoor Skate Park permission to seek medical attention in the event that medical attention is needed, per their discretion.

-I willingly acknowledge that I am in/my child is in sufficient physical condition to participate in Process Skateboard Ministry/ G&P Indoor Skate Park activities.

-I agree to follow ALL posted rules while participating in Process Skateboard Ministry/ G&P Indoor Skate Park activities.

-I give Process Skateboard Ministry/G&P Indoor Skate Park the right to use any video or photographs taken while participating in their activities for media or promotional material.

**Medical Information:**

Current Illnesses: \_\_\_\_\_

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

Current Medication: \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

**If over 18:**

Participant Name Printed: \_\_\_\_\_

Participant Name Signed: \_\_\_\_\_

Date \_\_\_\_\_

**If under 18:**

Parent/Guardian Name Printed: \_\_\_\_\_

Parent/Guardian Name Signed: \_\_\_\_\_

Date \_\_\_\_\_