

**School of Skatin Liability Release Form**

**(Must be filled out by Parent or Legal Guardian/ Document must be notarized)**

In consideration of being allowed to participate in any way in the School of Skatin LLC programs, or related events and activities. Please print participant's name: \_\_\_\_\_

(Participants Name)

The undersign 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, & while particular r 2. Equipment and personal discipline may reduce the risk, the risk of serious injury does exist; and, 3. I KNOWINGLY & FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, & assume full responsibility for my participation; and, 3. I willingly agree to comply with stated & customary terms & conditions for participation. If however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation & bring such hazard to the attention of the nearest staff - member immediately; and, 4. I, for myself & on behalf of my heirs, assigns, personal representatives & next of kin, HEREBY RELEASE AND HOLD HARMLESS School of Skatin LLC, their officers, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, & if applicable, owners and lessors of premises used to conduct the event ("release"), WITH RESPECT TO ANY & 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 & assumption of risk agreement. I fully understand its terms, understand that I have given up substantial rights by signing it & sign it freely and voluntarily without any inducement.

\_\_\_\_\_  
AGE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Participant's signature only if over 18 years of age)

FOR PARTICIPANTS UNDER THE AGE OF 18 AT TIME OF REGISTRATION This is to certify that I, as participant's parent/legal guardian, do consent and agree to his/her release as provided above of all Releases, & for myself, my heirs, assigns, & next of kin, I release & agree to indemnify Releases from any and all liabilities incident to my minor child's involvement of participation in the programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

\_\_\_\_\_  
(Parent or legal guardian signature) (Print Name of Parent or Legal Guardian)

Address \_\_\_\_\_ City/St/Zip \_\_\_\_\_  
Emergency Phone Number \_\_\_\_\_  
Emergency Phone Number \_\_\_\_\_  
Email Address: \_\_\_\_\_

School of Skatin LLC. `Waiver and Release of liability continued. Parents' or Guardians Additional Indemnification Must be completed for participants under the age of 18 by parent or legal guardian only. In consideration of (print minor's name) ("Minor") \_\_\_\_\_ being Permitted by School of Skatin LLC., to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless School of Skatin LLC., 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. Parent's or Guardians

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship to Minor \_\_\_\_\_

Print First Name \_\_\_\_\_

Print Last Name \_\_\_\_\_

Drivers License Number \_\_\_\_\_ State \_\_\_\_\_

If PARENT /LEGAL GUARDIAN IS NOT PRESENT FORM MUST BE NOTERIZED. Notary Stamp:

Notary Signature \_\_\_\_\_ Notary Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Medical Release Form Must Be Notarized



School of Skatin  
EMERGENCY MEDICAL RELEASE

This form must contain only one child's name, and be the original notarized form.

A new notarized form is required when there is a change in legal guardianship.

Please Print Information

Child's Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

Medicines Routinely Taken: \_\_\_\_\_

Name of Custodial Parent(s)/Legal Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

Home Telephone: \_\_\_\_\_ Cell Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Family Physician's Name/Health Care Resource: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

Telephone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_  
Name City

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

Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Emergency Contact (if custodial parent/guardian cannot be reached): \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

Home Telephone: \_\_\_\_\_ Cell Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Sign in the presence of the Notary.

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child \_\_\_\_\_, in the event of an emergency at which time  
(Child's Full Name)

I cannot be reached. I give consent to transport by ambulance if situation warrants it.

Signature of Custodial Parent/Legal Guardian (Affiant)

STATE OF FLORIDA COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me on \_\_\_\_\_ 20\_\_\_\_  
(Month) (Day) (Year)

by \_\_\_\_\_, who is personally known to me or who has  
(Name of Affiant)

Produced \_\_\_\_\_ as identification.  
(Type of Identification)

SEAL OF NOTARY

Signed: \_\_\_\_\_ (Signature of Notary)

### Food Experience Permission Form

I give permission for my child \_\_\_\_\_ to participate in food related activities.

Please check one of the following:

\_\_\_\_\_ My child DOES NOT have a food allergy or dietary restriction.

\_\_\_\_\_ My child DOES have a food allergy or dietary restriction.

He or she may participate, but may not eat or handle the following items (please list below)

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My child DOES have a food allergy or dietary restriction. He or she may not participate in activities.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

# Child's Enrollement Record

DIRECTOR'S USE ONLY

Date enrolled \_\_\_\_\_

## Skateboarding Camp Program

Child's full legal name \_\_\_\_\_  
Sex \_\_\_\_\_ *First* \_\_\_\_\_ *Middle* \_\_\_\_\_ *Last* \_\_\_\_\_ Birth Date \_\_\_\_\_  
Child's preferred name/nickname \_\_\_\_\_  
Address \_\_\_\_\_  
*Street Address (number, apartment #, street)* \_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code* \_\_\_\_\_

Who has legal custody \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
*Street Address (number, apartment #, street)* \_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code* \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent's name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Home address \_\_\_\_\_  
*Street Address (number, apartment #, street)* \_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code* \_\_\_\_\_  
Place of employment \_\_\_\_\_  
Address of employer \_\_\_\_\_  
*Street Address (number, apartment #, street)* \_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code* \_\_\_\_\_  
Telephone \_\_\_\_\_ Ext \_\_\_\_\_

Parent's name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Home address \_\_\_\_\_  
*Street Address (number, apartment #, street)* \_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code* \_\_\_\_\_  
Place of employment \_\_\_\_\_  
Address of employer \_\_\_\_\_  
*Street Address (number, apartment #, street)* \_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code* \_\_\_\_\_  
Telephone \_\_\_\_\_ Ext \_\_\_\_\_

The child will be released only to the person(s) authorized, or in the manner authorized, in writing, by the custodial parent(s) or legal guardian(s). The following person must be someone other than the custodial parent(s) or legal guardian(s) and is authorized to remove the child from the facility in case of illness, accident, or emergency, **if for some reason the custodial parent(s) or legal guardian(s) cannot be reached:**

Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Address \_\_\_\_\_  
*Street Address (number, apartment #, street)* \_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code* \_\_\_\_\_  
Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Address \_\_\_\_\_  
*Street Address (number, apartment #, street)* \_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code* \_\_\_\_\_

CONTINUED

Child's physician/health resource \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Address: \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

Hospital preference: \_\_\_\_\_  
Name of Dentist: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

**MISCELLANEOUS INFORMATION**

List all known allergies \_\_\_\_\_  
List all identifying scars, birthmarks, skin discolorations \_\_\_\_\_  
Special medical or dietary needs of child \_\_\_\_\_  
List any areas of concern \_\_\_\_\_

**My signature below verifies that:**

I give permission to consult the child's physician/health resource listed above in case of emergency if parent/guardian cannot be reached.

I was notified that child is to bring a non-perishable lunch, refillable water bottle and snack daily Helmets are required to be worn daily in order to participate.  
All children under the age of 10 are required to wear knee pads, elbow pads and wrist guards.

My child is permitted to check him or herself out from the group?  Yes, Time \_\_\_\_\_  No  
Child's School Current Grade (as of 8/17) \_\_\_\_\_  
Parent's E-mail Address \_\_\_\_\_

Any adult other than parent/guardian listed on this form has your permission to remove your child from our care, and might be called if needed.

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone # \_\_\_\_\_  
Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone # \_\_\_\_\_

**Parental Acknowledgment & Transportation Agreement**

By signing this form: (1) We have your permission to put sun screen on your child; sun screen is not provided. (2) Your elementary camp participant has permission to watch G and PG rated movies and/or your middle school camp participant has permission to watch G, PG and rated movies during any program. (3) I give permission for my child to participate in Transportation on the School of Skatin "SK8 Bus" for all Field Trips related to Summer, Fall Winter and Spring programs, if applicable. I acknowledge: All camper are required to wear a helmet at all times during participation in the camp, campers 10 and under are required to wear Knee pads, Elbow pads, wrist guards. All campers must bring a non-perishable lunch daily and a refillable water bottle.

\_\_\_\_\_  
Signature of Custodial Parent or Legal Guardian

\_\_\_\_\_  
Date

## School of Skatin Media Release Form

Dear Parent,

Please be advised during Summer Skateboarding Camp your child may be photographed, videoed at the various skateparks or School of Skatin activities. With your consent the photos, video may be reproduced or release for the use in the School of Skatin advertising such as: Instagram, Facebook, television, internet, flyers, brochures newspaper ect.

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Childs Name (first and last)

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Date:

My child photo/video may be reproduced and used for media.

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Parent Signature

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Date: