LIFLAND SKATE PARK

Participant Agreement, Agreement to Indemnify, & Risk Acknowledgment

In consideration of the services of the City of Williamsport and Lifland Skatepark, Inc., their agents, officers, participants, consultants, employees, and all persons or entities acting in any capacity on their behalf (hereinafter referred to as THE CITY & PARKS), I now agree to release & discharge THE CITY & PARKS, on behalf of myself, my children, my parents, my heirs, assigns, Personal representatives and estate as follow:

1. I acknowledge that inline skating, skateboarding and biking entail known & 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 cannot be eliminated without jeopardizing the essential qualities of the activity. In an effort to minimize those risks I agree to wear a protective helmet, knee pads and elbow pads at all times that I am in the Skate Park.

THE RISKS INCLUDE, BUT ARE NOT LIMITED TO:

(1) Nature of the activity.
(2) Latent or apparent defects or conditions in equipment or property supplied by THE CITY & PARKS, or other persons or entity.
(3) Use of property by myself, others or equipment supplied by THE CITY & PARKS, or other persons or entity.
(4) Acts of other participants in this activity, employees or agents of THE CITY & PARKS.
(5) My own physical condition, or own acts or omissions.
(6) Conditions of THE CITY & PARKS facility & surrounding grounds or terrain and accidents connected with their use.
(7) First Aid emergency treatment or other services.

2. I expressly agree and promise to accept and assume all the risks existing in this activity. My participating in this activity is purely voluntary and I elect to participate in spite of the risks.

3. I hereby voluntary release, forever discharge, and agree to indemnify and hold harmless THE CITY & PARKS, 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 THE CITY & PARKS equipment or facilities, including any such claims which allege negligent acts or omissions of THE CITY & PARKS. Further, I understand that the City has certain immunities which are not waived by this Agreement.
4. Should THE CITY & PARKS, or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement to indemnify and hold them harmless of all such fees and costs.

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

I HAVE HAD SUFFICIENT OPPORTUNITY TO READ THE ENTIRE DOCUMENT. I HAVE READ AND UNDERSTOOD IT, AND I AGREE TO BE BOUND BY ITS TERMS.

Signature of Participant: __________________________

Print Name __________________________
Address: __________________________
Phone: __________________________
Date: __________________________
LIFLAND SKATE PARK
PARENT’S OR GUARDIAN’S ADDITIONAL INDEMNIFICATION

(Guardians of participants, under the age of 18, must complete this section)

In consideration of ______________________ (print minor’s name) (“Minor”) being permitted by THE CITY & PARKS to participate in its activities and use its equipment and facilities, I further agree to indemnify and hold CITY & PARKS harmless with such use or participation by Minor.

By signing this document, I acknowledge that if anyone is hurt, or property is damaged during the Minor’s participation in this activity, a court of law may find me to have waived my right to maintain a lawsuit against THE CITY & PARKS, on the basis of any claim from which I have released them herein.

I HAVE HAD SUFFICIENT OPPORTUNITY TO READ THE ENTIRE PARTICIPANT AGREEMENT, AGREEMENT TO INDEMNIFY, & RISK ACKNOWLEDGMENT DOCUMENT ON THE FRONT OF THIS SHEET. I HAVE READ AND UNDERSTOOD, AND I AGREE TO BE BOUND BY ITS TERMS.

Signature of Parent or Guardian: ________________________________
Print Name: ________________________________
Emergency Phone Number: ________________________________
Date: ____________________