



# Town of Westport Parks & Recreation

## SKATE CAMP PARTICIPANT AGREEMENT

_____		_____	
LAST NAME		FIRST NAME	
_____		_____	_____
Street		Town	Zip
_____	_____	_____	
Phone	Age	M/F	

### **PROGRAM: Skateboarding Camp**

The undersigned, a participant in the skate park program and activities, offered by the Westport Parks and Recreation Department agrees as follows:

I acknowledge skateboarding requires strenuous physical activity and endurance. I also understand the risks and dangers associated with participation in these activities, which include, but are not limited to, falls, muscle strains and broken bones.

The risk of injury from these activities 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.

I certify that I, to the best of my knowledge, have no physical, mental or emotional condition which might be aggravated by this activity, which might in any way inconvenience or endanger staff or other participants, or which might impair my ability to participate in and withstand all possible skateboard activity.

I will obey all rules, regulations and directives of the Westport Parks and Recreation Department and of the person in charge, and will assist by informing and/or calling to the attention of the person in charge any situation, which might result in injury.

Thus acknowledging the rigors of these activities connected with skateboarding, and in consideration for being accepted a participant in the skate park program(s), I hereby accept all responsibility for taking care of myself while participating in the this program. I agree, therefore, that the Westport Parks and Recreation Department, their agents, employees and volunteers will not be liable for any damages or injuries directly or approximately caused by any act, happening or event.

DATE: \_\_\_\_\_  
Signature of participant

### **FOR PARTICIPANTS UNDER THE AGE OF 18:**

I (We) the parent(s) of or legal guardian(s) for \_\_\_\_\_  
Participant's Name (Please Print)

have read, understand and agree to the above statements and hereby consent to him/her participating in the above designated program. I have signed this document signifying my agreement and consent.

\_\_\_\_\_  
Signature of parent/guardian

DATE: \_\_\_\_\_