

New Hope Community Church
8886 Muraoka Dr.
Gilroy, CA 95020
408-842-4857

Overflow Skate Staff USE ONLY

Session Dates #1 _____ #2 _____ #3 _____ #4 _____ #5 _____

Payment _____

Method of Payment: Check # _____ Cash _____

 Last name First name Phone

 Date of Birth Age Grade Email Address

 Address City State Zip

Overflow Skate Ministry
Acknowledgement/Agreement/Waiver/Assumption of Risk
To indemnify for minors and adult participants

Upon the reception of this ministry/acknowledgement/agreement/waiver/assumption of risk agreement (hereinafter referred to as the "Agreement") New Hope Community Church (hereinafter "NHCC") hereby grants permission to the above named person to participate (hereinafter "Participant") in the Skateboard Park Ministry of NHCC (hereinafter "OFSP") subject to the following conditions, requirements and Agreement:

1. The undersigned person (parent/Legal Guardian of the above named minor or the above named adult Participant) understand, acknowledges, and agrees that the said Agreement applies whether Participant is an observer, bystander, or active participant, whether the activity is at the above stated premises, adjacent NHCC properties, or on an outing, including traveling to or from any such activities.
2. The Participant agrees that he/she will obey all the OFSP staff (hereinafter "Staff") and all the OFSP rules during OFSP functions.
3. The Participant understands, acknowledges, and agrees that skateboarding is dangerous and can result in injury, death to the Participant, or damage to his/her property, and is fully aware of the risks and hazards inherent to such activities and hereby elects voluntarily to participate, knowing the present condition of NHCC's ramps, equipment, facilities, and property with full knowledge that the said condition may become more hazardous and dangerous at any time while he/she is involved with the OFSP.
4. The Participant hereby voluntarily assumes all risk of loss, damage, injury or death that may be sustained by he/she and any damage to his/her property while in the OFSP. The Participant understands that that various degrees of experience and skill are required for the different skating surfaces and agrees that it will be his/her sole judgment as to what he/she will attempt to skate.
5. In consideration and upon the reception of this OFSP Agreement, the undersigned hereby releases NHCC on behalf of the above named Participant, his/her heirs, assigns and legal representative from any and all liability for personal injuries or property damage to the Participant or death of the Participant arising out of the Participant's involvement, whether or not the said injuries or damages were caused by the negligent care of the Facilities, ramps, equipment or the OFSP Staff. This release extends to NHCC and all its Staff, and the Participant agrees never to sue any or all of such persons or entities in connection with any and all damages, claims, demands, rights and causes of action of whatever nature based upon and all injuries to the person of, or damages to the property of the Participant.
6. The Participant agrees for himself/herself, and for his/her heirs and legal representatives, to indemnify NHCC and its Staff against, and to save NHCC and its Staff harmless from, any and all damages, actions, cause of actions, causes of action, claims, judgments, cost of litigation and attorney's fees, which may in any way and at any time result from the Participant's involvement with the OFSP, including injuries to the Staff or damages to the property of NHCC
7. I hereby represent and warrant to NHCC and its OFSP that the Participant's date of birth stated above is accurate.
8. I give NHCC and OFSP permission to use the Participant's photograph or likeness to be used in video and promotional material.
9. NHCC may immediately revoke this Agreement for violations of any of its terms.

Parent or Legal Guardian

I, as the Parent/Legal Guardian of the Participant, have read, understand, and consent to the terms above and to the minor's becoming a Participant.

 Signature Date

 Please Print Parent/Guardian Name

 Relationship to skater

Adult Participant

I, as the adult Participant have read, understand, and consent to the terms above.

 Signature Date

 Please Print Name

**EMERGENCY MEDICAL RELEASE AND HEALTH RECORD
Overflow Skate Park, Gilroy, CALIFORNIA**

Today's date _____

1. The undersigned do hereby authorize Overflow Skate Park and its appointed staff to consent to IMMEDIATE FIRST AID MEDICAL CARE, any X-ray, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care for (Participant) _____ which is deemed advisable by and to be rendered under the general or special supervision of any physician and surgeon, licensed under the provision of Medicine Practice Act or any dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist at a hospital or elsewhere.
2. **I understand that my insurance or my own finances will cover any treatment, and New Hope Community Church will not be liable. (Whether I am insured or not.)**
3. I give permission for the authorized **Overflow Skate Park** Staff to administer medication my child has to take. I will provide the medication in the original container with written specific instructions for its dispensing. These will be given to the authorized **Overflow Skate Park** Staff by me.
4. It is understood that an effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. It is also understood that the person presenting this authorization is acting as my (our) agent and will not be held liable for treatments rendered.
5. This authorization will remain effective while the above minor is in route to or from or involved participating, observing, or standing by any program or activity of **Overflow Skate Park** unless revoked by the undersigned in writing and delivered to New Hope Community Church.

HEALTH RECORD: My child is subject to or has the following:

_____ Frequent colds/sore throat	_____ Diabetes	_____ Stomach Aches
_____ Serious Plant Poisoning	_____ Asthma/Hayfever	_____ Sleep Walking/Nightmares
_____ Bronchitis/Sinusitis	_____ Convulsions/Epilepsy	_____ Heart trouble
_____ Other (please explain) _____		

Any specific activities to be restricted? No____ Yes____ If yes, please explain_____

Local Hospital_____

Insurance Information: _____ (Company) _____ (policy #)

Emergency Contact _____ Phone _____

Relationship to skater_____

<p>Parent or Legal Guardian I, as the Parent/Legal Guardian of the Participant, have read, understand, and consent to the terms above and to the minor's becoming a Participant.</p> <p>_____ Signature Date</p> <p>_____ Please Print Parent/Guardian Name</p> <p>_____ Relationship to skater</p>	<p>Adult Participant I, as the adult Participant have read, understand, and consent to the terms above.</p> <p>_____ Signature Date</p> <p>_____ Please Print Name</p>
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