



Date of Activity: May 14, 2010 Event: Rule the Rocks Skate Event

Name of participant _____ Age _____ Grade _____
Parent or guardian name _____ Home phone _____
Mailing address _____ Alternate phone _____
Emergency contact person _____ Phone _____

*******Indemnification, Hold Harmless and Release of liability Agreement*******

Whereas I desire _____ (PRINT FULL NAME of Self or Child/Ward) to utilize Moab City Property, Facilities or equipment, or other program-related facilities or equipment and to engage in the Moab City Recreation Skateboarding Competition sponsored by Moab City, and in consideration of Moab City's willingness to allow myself or my child/ward to use said property, facilities and equipment and to participate in said program, I herewith agree and promise to Indemnify and hold Moab City, and its officers, agents, officials and employees, and volunteers harmless and release them for and from any liability, costs or expenses arising from any action, causes of action, claims for relief, demands, damages, expenses, costs, fees, or compensation, whether or not said actions, causes of action, claims for relief, demands, damages, costs, fees, expenses and/or compensations are known or unknown, are in law or equity, and without limitation, all claims of relief which can be set forth through a complaint or otherwise that may arise out of mine or my child/ward's use of city property, facilities or equipment, participation in the above described program or the acts or omissions, negligent or otherwise of Moab City and/or their respective officers, agents, officials, members, employees, and volunteers, or any person or persons.

I acknowledge that I have been advised to consult legal counsel and have had the opportunity to consult with legal counsel prior to entering into this Indemnification/Hold Harmless/Release of Liability Agreement.

I understand and agree that, by signing this Indemnification/Hold Harmless/Release of Liability Agreement, that I relinquish all rights or claims to adjudication or recourse which I may be entitled to in relation to any damages or injury that may arise out of the above described activities.

I warrant that I enter into this agreement with full knowledge of the meaning and future effect of the promises, releases and waivers contained herein.

I warrant that I have entered into the releases and waivers contained in this Agreement voluntarily and that I make them without any duress or undue influence of any nature by any person.

I agree to assume all risk, chance or hazard that any loss sustained by me may be greater or more extensive than is known, anticipated or expected.

I know that skateboarding is a dangerous, action-oriented sport carrying significant risk of personal injury. I know that there are natural and manmade obstacles or hazards, surface and environmental conditions, and risks which in combination with child's actions can cause severe injury. I understand that wearing appropriate safety gear, including a helmet, elbow, knee and shin pads, while not guaranteeing safe participation, are important for reducing the risk of injury.

Signature (Adult or Parent/Legal Guardian) Date

EMERGENCY PERMISSION FORM

(To be completed and signed by parent/guardian)

STUDENT'S NAME _____ **GRADE** _____ **AGE** _____

Please list any significant health problems that might be significant to a physician evaluating your child in case of an emergency

Please list any allergies to medications, etc

Has child been prescribed an inhaler or epipen? _____

Is student presently taking medication? _____ If so, what type? _____

Does student wear contact lenses? _____ Please list date of last tetanus shot _____

EMERGENCY AUTHORIZATION: In the event I cannot be reached in an emergency, I hereby give permission to attending medical personnel to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for the person named above.

Daytime phone number (where to reach you in emergency) _____

Evening time phone number (where to reach you in emergency) _____

Signature of parent or guardian _____ Date _____

Relationship to student _____

I certify all above information is correct _____

Parent-Guardian Signature