



SKATER INFORMATION AND WAIVER

Please complete and mail w/ payment
Central Valley AM JAM
PO Box 253
Hilmar, Ca 95324

NAME _____ PHONE _____ AGE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

AGE GROUP _____ MALE/FEMALE _____ FEE PAID _____ METHOD PD _____

CONTEST SITE: RIVERBANK _____ TRACY _____ CERES _____ RIPON _____ (\$15 EACH OR \$45 FOR ALL FOUR)

EMERGENCY CONTACT _____ RELATIONSHIP _____ PHONE _____

PERSONAL PHYSICIAN _____ PHONE _____

IS THERE A MEDICAL CONDITION WE SHOULD BE AWARE OF? Yes _____ No _____

IF YES, PLEASE EXPLAIN _____

EMAIL ADDRESS _____ PLS PROVIDE FOR EMAIL CONFIRMATION

HOME SKATEPARK _____ FAVORITE SKATE SPOT _____

SPONSORS _____

HAVE YOU DONE ANY COMPETITIONS BEFORE TODAY? _____

HELMETS ARE REQUIRED AT EACH CONTEST AND ELBOW AND KNEE PADS ARE REQUIRED AT TRACY, CA CONTEST

ASSUMPTIONS OF RISK AND RELEASE FOR LIABILITY FOR INJURY OR DEATH

I UNDERSTAND THAT THE ACTIVITIES OFFERED BY THE CENTRAL VALLEY AM JAM, CITY OF RIVERBANK, TRACY, CERES AND RIPON INVOLVE CERTAIN RISKS INCLUDING, BUT NOT LIMITED TO, RISKS FROM BODY CONTACT, FALLS, COLLISIONS, PHYSICAL CONFRONTATION WITH FELLOW PARTICIPATES AND CARELESSNESS AND NEGLIGENCE OF FELLOW PARTICIPATES, BYSTANDERS, SPONSORS, CITY EMPLOYEES AND VOLUNTEERS, I FURTHER UNDERSTAND THAT IN ORDER TO GAIN THE PERMISSION TO PARTICIPATE IN THESE EVENTS "CENTRAL VALLEY AM JAM", FOR WHICH I HAVE REGISTERED; I MUST ASSUME SUCH RISKS FOR MYSELF OR DEPENDENTS THAT ARE IN THE ABOVE ACTIVITY.

I AM FULLY AWARE THAT BY SIGNING THIS DOCUMENT I AM SHIFTING THE LEGAL LIABILITY FOR ANY SUCH RISKS, INCLUDING NEGLIGENCE OF THE ABOVE MENTIONED CITIES, CENTRAL VALLEY AM JAM, ITS MANAGEMENT, EMPLOYEES, VOLUNTEERS, OR / AND SPONSORS, TO MYSELF SO THAT I MAY PARTICIPATE IN THE ACTIVITY I HAVE CHOSEN. I AGREE TO INDEMNIFY, DEFEND AND HOLD THEM HARMLESS FROM ANY CLAIMS OR LIABILITY FOR MY BODILY INJURY, PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH ARISING OUT OF OR CAUSED BY NEGLIGENCE, WHETHER SUCH INJURIES OR DAMAGES OCCUR DURING PARTICIPATION IN THE CENTRAL VALLEY AM JAM OR DURING POST INJURY CARE.

INDEMNIFICATION. I AGREE TO INDEMNIFY, DEFEND AND HELD HARMLESS THE CITY OF TRACY (ITS ELECTED OFFICIALS, OFFICERS, EMPLOYEES, AGENTS, VOLUNTEERS) AND ANY COMMUNITY ORGANIZATION CO-SPONSORING THE PROGRAM FROM ANY CLAIMS, DEMANDS, DAMAGES, LIABILITIES, COST AND EXPENSES(INCLUDING COURT COST AND ATTORNEY'S FEES) FOR ANY INJURY WHICH MAY BE SUFFERED BY ME OR MY CHILD ARISING OUR OF OR IN ANY WAY CONNECTED WITH PARTICIPATION IN THE PROGRAM NAMED ABOVE.

I ALSO GRANT FULL PERMISSION OF THE ABOVE MENTIONED CITIES, CENTRAL VALLEY AM JAM, SPONSORS OF THE EVENTS, ITS AGENTS OR ASSIGNEES TO USE MY NAME, PHOTOGRAPHS, VIDEOTAPES OR RECORDING OF THE ACTIVITY FOR WHICH DEPENDENT OR I AM REGISTERED FOR ANY PURPOSE WITH OBLIGATION OR LIABILITY. I UNDERSTAND THAT NO REFUND OR TRANSFER WILL BE GIVEN.

AUTHORIZATION FOR EMERGENCY MEDICAL SERVICES

IN THE EVENT THAT I OR MY DEPENDENT IS INJURED IN THE ABOVE ACTIVITY THAT THEY ARE PARTICIPATING IN, I HEREBY GIVE MY PERMISSION TO THE ABOVE MENTIONED CITIES, CENTRAL VALLEY AM JAM, OR ITS REPRESENTATIVE AT THE SCENE TO PROVIDE ME EMERGENCY MEDICAL TREATMENT BY ANY MEDICAL PERSONNEL, EMTs, PARAMEDICS, FIREFIGHTERS, NURSES, DOCTORS, OR DENTISTS DEEMED NECESSARY. I WILL NOTIFY THE MEDICAL PERSONNEL, IF ABLE, OF ANY SPECIAL MEDICAL NEED(S), INCLUDING BUT NOT LIMITED TO BLOOD TYPES, HEART CONDITIONS, ALLEGORIES, OR SPECIAL MEDICINES THAT MIGHT AFFECT MY TREATMENT. I ALSO AUTHORIZE FOR DEPENDENT OR MYSELF TO BE TRANSPORTED BY AMBULANCE TO THE NEAREST MEDICAL FACILITY TO SECURE THE IMMEDIATE AND PROPER MEDICAL TREATMENT. I AGREE THAT I WILL BE THE PRIMARY PARTY FINANCIALLY RESPONSIBLE FOR THE PAYMENT OF ALL COSTS RELATED TO SUCH EMERGENCY TRANSPORT OR SUBSEQUENT MEDICAL TREATMENT.

SIGNATURE OF PARTICIPATE _____ DATE _____

SIGNATURE OF PARENT/GUARDIAN (IF UNDER 18) _____ CDL# _____