## **RPHOA Skate Park Waiver Ages 18+**



RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISK AND INDEMNITY

## FOR USE OF ADULTS 18+ YEARS OF AGE

In consideration of permission, granted now or in the future by the Rockland Park Homeowners Association to participate in SKATEBOARDING (activities may include skateboarding or inline skating or the use of non-motorized scooters on the Rockland Park Homeowners Association Mobile Skateparks in drop-in/registered program. Including ramps and rails).

Rockland Park Homeowners Association	n (RPHOA) Skat	epark:		
In consideration of permission, granted now of SKATEBOARDING (activities may include skeep Park Homeowners Association Mobile Skater	ateboarding or inl	ine skating or the use	of non-motorized scooters on the Rockland	J
(The Event) on, 20 , I	agree and ackr	nowledge that:		
1. I have met all the prerequisites required for	_	-	ide by its rules and regulations.	
2. Participation in the Event has risks and ha	zards. As a partic	ipant, I may suffer pro	operty damage, personal injury and even	
death. I freely and voluntarily assume all of th				
am giving up my right to sue the Rockland Pa		•	eason, including negligence, if I suffers	
any damage, injury, loss or death by participa	ating in the Event			
3. I waive any claim I may have against the F	Rockland Parking	Homeowners Associ	ation arising from my Child's participation	in
the Event, however it is caused, and I agree				
all claims arising from my Child's participatio	n in the Event.			
4. The Decidered Devictions of Access	L'			_
<ol> <li>The Rockland Park Homeowners Associa</li> <li>deem necessary for my health and safety an</li> </ol>	*			ay
deem necessary for my nearth and safety and	a i si ali be ili ari	cially responsible for	ducit advise and services.	
5. This RELEASE OF LIABILITY, WAIVER O	F CLAIM ASSUN	IPTION OF RISK and	INDEMNITY is binding on myself, my he	irs,
my executors, administrators, personal repre	esentatives and a	ssigns		
Name of Parent/Legal Guardian (Please Print)	Signature of Pare	ent/Legal Guardian	Date of Birth of my Child (YYYY-MM-DD)	
<b>Warning:</b> by signing the waiver page	e, you declare	that you have rea	d and understood this document a	ınd
that you give up legal rights, including	g your right to	sue. Read this en	tire document carefully before	
signing.	3		•	
The Undersigned hereby acknowledge that	the Undersigned	have read the forego	ing written document, and agree and cons	sent
	_	onditions set out there		
DATED at Calgary, Alberta this	day of	, 20		
Name of Participant (Please Print)		_ Signature of Pare	ent/Legal Guardian	
Name of Witness (Please Print)		Signature of Wit	ness	

www.rocklandpark-connect.com/ 90 Rowley Way NW Calgary, AB T3L 2M4 (587)-443-9597

The personal information collected by this form is obtained under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy Act (Alberta). The information will be used for the purpose of managing access to the Event. If you have any questions regarding the collection and use of this information please contact the General Manager at 587-391-6239.