RPHOA Skate Park Waiver Ages 17 and Under

ROCKLAND PARK
Homeowners Association

Acknowledgment, release of liability, waiver of claims, assumption of risks, and indemnity agreement for issuance of Rockland Park Homeowners Association (RPHOA) membership cards to children under the age of 17.

Please read the following carefully before signing and seek appropriate assistance if you do not understand.

Rockland Park Homeowners Association (RPHOA) Skatepark:
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).

(The Event) on _____, 20_____, I agree and acknowledge that:

1. _____**(my Child)** has met all the prerequisites required for participation in the Event and will abide by its rules and regulations.

2. Participation in the Event has risks and hazards. As a participant my Child may suffer property damage, personal injury and even death. I freely and voluntarily assume all of the risks and hazards of participation, including the legal risk. This means that I am giving up my right to sue the Rockland Park Homeowners Association for any reason, including negligence, if my Child suffers any damage, injury, loss or death by participating in the Event.

3. I waive any claim I may have against the Rockland Park Homeowners Association arising from my Child's participation in the Event, however it is caused, and I agree to indemnify and hold harmless the Rockland Park Homeowners Association from all claims arising from my Child's participation in the Event.

4. The Rockland Park Homeowners Association may secure such medical advice and services as it, in its sole discretion, may deem necessary for my Child's health and safety and I shall be financially responsible for such advise and services.

_____ Name of Parent/Legal Guardian (Please Print)

_____ Date of Birth of my Child (YYYY-MM-DD)

_____ Signature of Parent/Legal Guardian

Warning: by signing the waiver page, you declare that you have read and understood this document and that you give up legal rights, including your right to sue. Read this entire document carefully before signing.

The Undersigned hereby acknowledge that the Undersigned have read the foregoing written document, and agree and consent to all terms and conditions set out therein:

The Undersigned:

_____ Name of Parent / Guardian

_____ Membership Card #

_____ Signature

_____ Contact Phone #

_____ Address

_____ Postal Code

For Office Use Only:

_____ Date Received

_____ Date Entered into System

_____ Entered by

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