

GENERAL LIABILITY WAIVER



Participant's Name: _____ Participant's Date of Birth: _____

Email: _____ Phone: _____

Emergency Contact's Name: _____ Participant's Date of Birth: _____

Emergency Contact's Phone: _____

Emergency Contact's Relationship to Participant: _____

Optional Questions:

As a non-profit organization, most funding comes from grants, and most grants require demographic information. If you feel comfortable, please share the below demographic information for the participant in the program to help us keep our programming going!

Participant's Pronouns: _____

Participant's Race/Ethnic Identity: _____

INFORMED CONSENT & ACKNOWLEDGEMENT:

In consideration of being allowed to participate in any way in the Skate Like a Girl clinic, program, related events, and activities the undersigned (or, if the participant is a minor, the person with the authority to consent on their behalf) acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in these programs is significant, including potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury to myself and others does exist, and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation, and
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If I observe any unusual significant concern in my readiness for participation and/or in the program itself, I will remove myself from participation and bring such to the attention of the nearest official immediately, and
4. For myself and on behalf of my/our heirs, assigns, personal representatives and next of kin HEREBY RELEASE Skate Like a Girl its officers, officials, agents, and/or employees, other participants, sanctioned events, sanctioned organizations, volunteers, sponsoring agencies, sponsors, advertisers, and if applicable, owners, lessors of premises used to conduct the event (Releasees), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I, for myself and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all of the above Releasees from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent of the law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT. I ATTEST THAT I AM PHYSICALLY FIT AND HAVE BEEN TRAINED FOR THIS ACTIVITY.

I assume all risks, and hazards incidental to participating in the activity and do hereby waive, release, absolve, indemnify, and agree to hold harmless Skate Like a Girl, their supervisor, participants and instructors for any claim arising out of any injury to myself or the participant.

MEDICAL CONSENT & ACKNOWLEDGEMENT

I hereby authorize and give permission, that myself/the participant may be given emergency treatment including first aid and CPR by qualified Skate Like a Girl staff and volunteers. I also give permission for myself/the participant to be transported by ambulance and to be treated by any physician, hospital, health care provider, or other medical personnel selected by the staff of Skate Like a Girl to provide prompt medical services. I agree that once the participant is in the care of medical personnel or a medical facility, Skate Like a Girl shall have no further responsibility for the participant and I agree to pay all costs associated with such medical care and transportation.

In the event that I cannot be contacted, I further authorize consent to the medical, surgical, and hospital care treatment procedures to be performed for myself/the participant by a any physician, hospital, health care provider, or other medical personnel selected by a Skate Like a Girl staff when deemed necessary or advisable by the medical personnel to safeguard the participant's health. I waive my right of informed consent to such treatment.

The health history provided to Skate Like a Girl is correct and not falsified to the best of our knowledge.

GENERAL LIABILITY WAIVER



WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19

An inherent risk of exposure to COVID-19 exists in any public place where people are present. COVID-19 is an extremely contagious disease that can lead to severe illness and death. According to the Centers for Disease Control and Prevention, senior citizens, and persons with underlying medical conditions are especially vulnerable.

The States of California, Oregon, and Washington strongly recommend that all persons be fully vaccinated or receive a negative COVID-19 test prior to entering a public facility and/or event. Face coverings are required for all participants (ages 2 and up) while indoors, regardless of vaccination status, and are suggested for outdoor common areas during the present COVID-19 surge, also despite vaccination status.

Do not attend a Skate Like A Girl event unless you are free of any COVID-19 symptoms, have been exposed to a person with COVID-19 and at all times we ask that you comply with the requirements of the local, state and federal government for public engagement in relation to COVID-19.

Please help keep each other healthy. Thank you.

In consideration of being allowed to participate on behalf of Skate Like a Girl and related events and activities, the undersigned (or, if the participant is a minor, the person with the authority to consent on their behalf) acknowledges, appreciates, and agrees that:

Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,

I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,

I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Skate Like a Girl, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I acknowledge that these COVID policies may change between now and the start of the program and will review the policy closer to the program start date.

For current Skate Like a Girl Covid-19 policy and procedural information, please visit <https://www.skatelikeagirl.com/covid19.html>

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

MEDIA RELEASE

I grant full permission to use any photographs, videotapes, motion pictures, recordings, or any other record of myself (or the participant) in this program for promotion of Skate Like a Girl.

Signature: _____

Date: _____

[Participant 's signature, or parent/guardian signature if the participant is under the age of 18]

Print Name: _____