



VASHON INDOOR SKATE PARK WAIVER FOR SKATE PARK USAGE

Medical Information Section

Skater's Name: _____

Skater's Age: _____ Gender: (Circle One) M or F

Doctor Name: _____ Phone: _____

Location: _____

Medical Concerns: (Please list allergies, recent injuries, chronic conditions, etc.)

I grant permission for my child to obtain medical care from any physician, hospital or medical clinic in the event he/she is injured. I also give approval for minor first aid to be given to my child. **Parent/Guardian Initial** _____

Parent/Guardian Contacts

Father/Guardian Name: _____

Home: _____ Work: _____ Cell: _____

Mother/Guardian Name: _____

Home: _____ Work: _____ Cell: _____

Alternative Contact Name: _____

Home: _____ Work: _____ Cell: _____

Photo and Video Release: I, the undersigned participant or parent/guardian, give my permission to have photo/video tapes taken, without recompense, during the Vashon Island Skate Park activities for publicity purposes.

Signature: _____ **Date** _____
(Parent/ Guardian/Participant if 18+ years old Signature)

Please Print Name: _____

Disclaimer: In consideration of the Vashon Park District and Vashon Island School District allowing my use of the Vashon Island Skate Park facility, I hereby consent to such participation, acknowledging the risks involved and assuming all such risks. I agree to release, indemnify and hold the Vashon Park District, Vashon Island School District, their commissioners, coaches, instructors, volunteers, organizers, agents and employees, harmless from and against any and all claims, actions, suits, losses, liability, costs, expenses, and damages of any nature whatsoever, including costs and attorneys fees in defense thereof, for injuries, sickness, or death, which are caused by, or arise out of my participation in any portion of the program or any activity incidental thereto, provided, that nothing herein requires me to release, indemnify or defend for injuries, sickness or death caused by or arising out of the sole negligence of the Vashon Park District, Vashon Island School District, their commissioners, employees or agents.

Signature: _____ **Date** _____
(Parent/ Guardian/Participant if 18+ years old Signature)

Please Print Name: _____



VASHON INDOOR SKATE PARK MEMBERSHIP REGISTRATION

A \$10 Vashon Island Skate Park membership is good for one year at the Vashon Island Skate Park. The membership allows skaters to participate at \$4 per 3-hr session compared to \$8 per session. Members can buy a 30-day Unlimited Pass for \$30. Participant must have the waiver (reverse side of this form) filled out in full and on file with the Vashon Indoor Skate Park.

Vashon Indoor Skate Park is located at 10500 SW 228th Ave in Burton.
Phone: 463-9999 Email: skate@vashonparkdistrict.org

Skater's Name: _____ Age: _____

Address: _____ Home Phone: _____

Parent/Guardian Name: _____ Cell or Pager: _____

Emergency Contact: _____ Phone: _____

Emergency Back-up Contact: _____ Phone: _____

E-mail (*please print clearly*): _____

	Membership #	Check Payment	Cash Payment	Expiration Date
NEW				
RENEWAL				
RENEWAL				

The following is a Membership Pledge to insure the safety of participants and the VISIP facilities and equipment.

Please read the following and place your initials after each statement:

I will help make VISIP fun and safe for all participants.	
I will respect all park visitors, participants and staff at all times.	
I will not use drugs, tobacco or alcohol at VISIP.	
I will help keep the park safe and clean.	
I will not use offensive gestures or language at the park.	
I will not intentionally damage the park in any way.	
I will use the required safety gear at all times.	
For my safety, I will keep my equipment in good condition at all times.	

Thank you for registering your membership!