



426 West Bay Dr. Largo, FL 33770

P: 727-388-9983

WAIVER AND RELEASE OF LIABILITY

(PLEASE READ BEFORE SIGNING)

In consideration of being allowed to participate in any way in the AVATAR SKATESHOP, facility, or related events and activities, in the facility at 426 West Bay Dr., Pinellas County, FL, 33770

SIGN HERE: _____

The undersign acknowledge, appreciate and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death and while particular.
2. Equipment and personal discipline may reduce the risk, the risk of serious injury does exist.
3. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES or others, and assume full responsibility for my participation.
4. I willingly agree to comply with said stated and customary terms and customary terms and conditions for participation. If however, I observe any usual significant hazard during my presence or participation, I will remove myself from participation and bring such hazard to the attention of the nearest staff member immediately.
5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE AND HOLD HARMLESS AVATAR SKATESHOP, INC.**, their and any of their subsidiary companies(hereinafter "RELEASES") their officers, agents and /or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("release"), **WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH OR LOSS OR DAMAGE TO PERSON OR PROPERTY, WETHER ARISING FROM NEGLIGENCE OF THE RELEASES OR OTHERWISE.**
6. POLL JAM, WALL RIDE, AND OTHER OBSTACLES are extremely dangerous and should only be attempted by professionals

RULES FOR THE RAMP

(PLEASE READ THIS CAREFULLY)

WAIVER MUST BE COMPLETED, UNDER 18- GUARDIAN SIGNATURE REQUIRED, BEGINNERS BEWARE, LESSONS REQUIRED, DONATE \$1 AND SIGN IN ON SIGN-UP SHEET, 3-RUNS / 3 MIN. YOUR OUT / SIGN BACK UP (GOES IN ORDER OF SIGN-UP SHEET) AVATAR RECOMMENDS FULL PADS & HELMET. (RENTALS AVAILABLE), KEEP GATE CLOSED @ ALL TIMES, NO FOOD OR DRINKS ALLOWED!

PLEASE BE RESPECTFUL! NO FOUL LANGUAGE, NO LEAVING TRASH ANYWHERE!, NO SNAKING / NO HATING ON, ANYONE, NO FLAT GROUND TRICKS, CELL-PHONES, IPODS, ETC @ OWN RISK, BEWARE OF POLE JAM, SPECTATORS NO ALLOWED IN CAGE, KEEP SK8BOARDS / BACKPACKS ON RACKS @ ALL TIMES, VIOLATIONS OF THESE RULES, YOU WILL BE KICKED OUT THE REST OF THE DAY, SKATE@YOUR OWN RISK

I have read this release of liability and assumption of risk agreement. I fully understand its terms, understand that I have given up substantial rights by signing it and sign it freely and voluntarily without any inducement.

AGE: _____ DATE: _____

(Participants signature only if over 18 years of age)

FOR PARTICIPANTS UNDER THE AGE OF 18 AT THE TIME OF REGISTRATION

This is to certify that I, as participants parent/legal guardian, do consent and agree to his/her release as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

Parent/Guardian Signature Parent/Guardian Printed Name D.O.B. ___/___/___

Address: _____ City/State/Zip: _____

Emergency Phone Number: _____

Email Address: _____

Parents and guardians additional indemnification must be completed for participants under the age of 18 by parent or legal guardian only.

If a parent or legal guardian is not present waiver must be notarized.

In consideration of (print minor's name)("Minor")_____ being permitted by Avatar Skateshop to participate in its activities and to use its equipment and facilities, I further agree to identify and hold harmless Avatar Skateshop from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent/Guardian Signature: _____

Date: ___/___/___

Relationship to Minor: _____

Print First Name: _____ Print Last Name: _____

Drivers License Number: _____

IF PARENT/LEGAL GUARDIAN IS NOT PRESENT FORM MUST BE NOTARIZED.

Notary Stamp:

Notary Signature: _____

Notary Date: ___/___/___

Email Address: _____

Employees Initials: _____