

BMX
REGISTRATION
CITY OF WILMINGTON
Greenfield Grind Skate Park

Participant's Name: _____

Parent/Guardians Name (if under 18) _____

Address: (Street, Box #) _____

(City, State, Zip) _____

Home Phone: _____ Work Phone: _____

Date of Birth: _____ Age: _____

E-mail Address: _____

NEW HANOVER COUNTY RESIDENT? Yes _____ No _____

Does participant have any allergies or other health conditions we should be aware of ?

Emergency Contact (other than parents or guardian listed below:

Name: _____ Cell phone: _____

Home phone: _____ Work phone: _____

• **If participant is under 18 years of age, please complete the following:**

1. Parent or Guardian Name: _____ Cell # _____

2. Parent or Guardian Name: _____ Cell # _____

Signature of participant
(Parent/guardian if under 18 yrs.)

Date

**CITY OF WILMINGTON SKATE PARK PARTICIPANT AGREEMENT, RELEASE AND
ACKNOWLEDGMENT, RELEASE AND ACKNOWLEDGMENT OF RISK**

Participant: (Print) _____

Parent(s) or Guardian (s): (Print) _____

I, the above participant being above age 18, or the parent (s) or guardian (s) of the above participant who is under age 18, in consideration of the participant being allowed to use the Wilmington Skate Park, acknowledge, understand and agree as follows:

ACKNOWLEDGMENT OF RISK

I acknowledge and understand that skating, in-line skating, skate boarding, BMX Biking and other roller sports are hazardous and dangerous activities that require strenuous exercise and various degrees of skill and experience for the different skating surfaces and venues. I understand that these activities can result in serious injury to the person and damage to property. I am aware of the risk, hazards and dangers of personal injury, death and disability inherent in using the Wilmington Skate Park, as well as those inherent risks, hazards and dangers of personal injury, death and disability in participating in any roller sport activity. I am aware that the usual risk, hazards and dangers of personal injury, death and disability increase when using ramps, curbs, steps, half pipes, inclines, or declines, bowls or any other structure or device. I also understand that these risks, hazards and dangers are further increased when any other persons, whether or not of the same level of experience or skill, are using the same facilities.

EXPRESS ASSUMPTION OF RISK

Being aware that roller sports BMX biking, and the use of Wilmington skate Park entails risks or injury to myself or my child, I expressly agree, covenant and promise to accept and assume all responsibility and risk for injury, death, illness or disease or damage to myself or to my child or to property arising from my or my child's participation in the use of Wilmington Skate Park. My or my child's participation in the use of the Wilmington Skate Park is purely voluntary; no one is forcing me to participate or to allow my child to participate, and I elect to participate or allow my child to participate in spite of the risks.

PHYSICAL CONDITIONS/MEDICAL AUTHORIZATION

I certify that I have or my child has no medical or physical conditions that could interfere with my or my child's safety while participating in the use of the Wilmington Skate Park. I fully understand that the City of Wilmington is under no obligation or duty to provide a physical examination or other evidence of my or my child's fitness to participate in this activity. I, as the above-named participant, or as parent or guardian of the above-named participant, give the City of Wilmington permission to have me or my child transported to the nearest medical facility and /or be seen by a physician when it is deemed necessary during my or my child's use of the Wilmington Skate Park. I have appropriate insurance or, agree to pay all costs that may be incurred on my or my child's behalf in case of injury.

COMPLIANCE WITH RULES

The participant willingly agrees to comply with the stated and customary terms, rules and conditions for participation in the use of the Wilmington Skate Park. I acknowledge that I have read the Wilmington Skate Park Rules and Regulations.

WAIVER

I, as the above-named participant, or as parent or guardian of the above-named participant, do hereby release the City of Wilmington, its officers and employees from all responsibility or liability of any nature, whatsoever, for any injury or aggravation of a preexisting condition, or for any bodily injury, disability, death, or loss or damage to persons or property resulting from the risks of the use of the Wilmington Skate Park. I, as parent or guardian, further agree to indemnify and hold harmless the City of Wilmington, its officers and employees from any and all claims which might be brought by, or on behalf of, my child, and which are in any way connected with my child's use of the Wilmington Skate Park.

This agreement shall be effective and binding upon my heirs, agents, personal representatives and assigns. For the purposes of this Agreement, the singular shall include the plural and the term "child" shall include the term "ward".

I hereby certify that I am over eighteen (18) years of age. I have read the foregoing and acknowledge that I understand and agree to all of the above terms and conditions. I have had the opportunity to ask any and all questions regarding this agreement and the effect of the same. I am aware that by signing this agreement, I assume all risks and waive and release certain substantial rights that I may have or possess.

_____ [SEAL]
PARTICIPANT

_____ [SEAL]
PARENT/GUARDIAN

_____ [SEAL]
PARENT/GUARDIAN

****MUST BE NOTORIZED IF NOT FILLED OUT BY PARENT/GUARDIAN AT THE WILMINGTON SKATE PARK****