



**Battle Ground Skate House Voluntary Release,
Acknowledgment and Acceptance of Risks by Participant**
(Please read carefully before signing)

Participant Name: _____ Date: _____

Address: _____

In order to participate in this activity, I agree to hold the Battle Ground Skate House, Inc., its officers, directors, employees, agents, and any promoters advertisers, and property owners harmless, and I waive any right to make claims or lawsuits against them. I understand and acknowledge that the activities I am about to voluntarily engage in as a participant have risks. I understand that these risks known or unknown, anticipated or unanticipated, may also result in injury, death, illness, disease or damage to myself or my property or other third parties. I voluntarily agree and promise to accept and assume all responsibilities, and injuries, death, illness, disease or damage to myself or my property or third parties arising from my participation in this activity.

My participation in this activity is voluntary and no one is forcing me to participate in spite of the risks. I understand the effect of this waiver and acceptance of risk on my legal rights.

Battleground will periodically be taking pictures and/or film of participants. I understand that my picture could be taken and used for promotion on Facebook, www.battlegroundskatehouse.com, or on other promotional materials. I give permission for pictures of myself or my child to be used in promotional materials

My signature indicates that I have read this entire document, understand it completely, acknowledge that it cannot be modified or changed in any way by oral representations, and agree to be bound by its terms. This agreement shall be binding on behalf of myself, my heirs, assigns, personal representative and estate.

Signature: _____ Date: _____

Print name: _____

If participant is under 18 years old, this release must be co-signed by a parent or guardian.

PARENT/GUARDIAN: _____ Date: _____

Print name: _____