

# CLIFTON PARK ACTION PARK

## 2017 Day Pass

\$5 Fee for residents living within the Shenendehowa CSD  
\$10 Fee for individuals living outside of the Shenendehowa CSD

Waiver and Release Form; please read before signing.

Name of Applicant: \_\_\_\_\_  
Last M.I. First Date of birth Phone

Home Address: \_\_\_\_\_  
Street City State Zip E-mail

In consideration of being allowed to participate in any way in the Clifton Park Action Park's skating program, related events and activities,

I, (name of participant) \_\_\_\_\_, the undersigned 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 rules, equipment and personal discipline may reduce this risk, risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISK, 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, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from the participation and bring such to the attention of the nearest staff person or call Town Security immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HERBY RELEASE AND HOLD HARMLESS The Town of Clifton Park, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and landlords of premises used to conduct the event ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE.

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 ANY INDUCEMENT.

I HAVE READ AND AGREE TO ABIDE BY THE ACTION PARK RULES.

X \_\_\_\_\_  
PARTICIPANT'S SIGNATURE Age Date

FOR PARTICIPANTS UNDER THE AGE OF 18 (at time of registration)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above, of all the Releases, and for myself, my heirs, assigns and next of kin, I release and agree to indemnify and hold harmless the Releases from any form, any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X \_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE Date

EMERGENCY PHONE #(S) \_\_\_\_\_