

## PARTICIPANT AGREEMENT, RELEASE AND ACKNOWLEDGMENT OF RISK

For valuable consideration received, I hereby agree to release and discharge The Town of Ridgefield, its Boards, Commissions, agents, owners, officers, volunteers, participants, employees and all other persons or entities acting in any capacity on its behalf (hereinafter collectively referred to as TOR), on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that roller skating, biking and/or skateboarding entails known and unanticipated risks which could result in physical or emotional injury, paralysis, death or damage to myself, to property or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.
2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary and I elect to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge and agree to indemnify and hold harmless TOR from any and all claims, demands or causes of action, which are in any way connected with my participation in this activity or my use of TOR's equipment or facilities or presence on TOR Skate park property, including any such claims which allege negligent acts of omissions of TOR.
4. Should TOR, or anyone acting on its behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I have no medical or physical conditions which interfere with my safety in this activity, or else I am willing to assume—and bear the cost of—all risks that may be create, directly or indirectly, by any such condition.
6. By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I maybe found by a court of law to have waived my right to initiate a lawsuit against TOR on this basis of any claim form which I have released them herein.
7. Medical waiver: I recognize because of the nature of this activity that any injury might occur. In the event of an injury to myself or my family member, I give permission to the attending medic al personnel to render treatment and agree to pay for the treatment. I release the TOOR form any liability associated with procuring any such medical assistance.

I have had sufficient opportunity to read this entire document. I have read and understood it and I agree to be bound by its terms.

Signature of Participant \_\_\_\_\_

Print Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

### PARENTS' OR GUARDIANS'S ADDITIONAL INDEMNIFICATION (Must be completed for participants under the age of 18)

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

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

