

Annual and season passes include unlimited use of the skate park during regular hours and a \$15 discount on lessons and camps.

Member rates apply for people who purchase annual or season passes to the skate park.

SKATE PARK REGISTRATION

NOTE: FORM MUST BE LEGIBLE AND FILLED OUT COMPLETELY!

Name: _____ Cell: _____
Last Name First Name

Address: _____
Street City/Town State Zip

Parent(s)/Guardian(s) (if skater is under 18 yrs. of age)

_____ Cell: _____

Address(es) (if different): _____

E-Mail: _____

EMERGENCY INFORMATION: The following information is REQUIRED

PERSON(s) TO CONTACT IF PARENT(s)/GUARDIAN(s) ARE UNAVAILABLE:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Physician: _____ Phone: _____
Name City/State

Dentist: _____ Phone: _____
Name City/State

Allergies/Medications: _____

Health Issues/Medications: _____

HOURS OF OPERATION

Weekdays: 3:00 pm – 6:00 pm

Weekends/Holidays: 12:00 pm – 6:00 pm

The skate park follows the Ridgefield Public School schedule. It opens at noon on school holidays and closings.

EXTENDED SUMMER HOURS

12:00 pm– 6:00 pm Daily

Starting on the last day of Ridgefield Public Schools

NOTE: All park users are required to wear full safety gear – helmets (buckled), knee and elbow pads. Wrist guards suggested for inline skaters. ALL PARK USERS MUST FOLLOW RULES REGARDING CONDUCT AND APPROPRIATE USE OF THE PARK.

	RESIDENT	NON-RESIDENT
Full Annual Pass: March 25 - October 27	\$205	\$235
Spring Pass: March 25 - June 16 Not available Tues. & Thurs 4:30-6:30 pm	\$65	\$85
Summer Pass: June 17 - August 26 (extended hrs)	\$95	\$115
Fall Pass: August 27 - October 27 Not available Tues. & Thurs 4:30-6:30 pm starting on 9/3	\$65	\$85
Drop-In rates (12:00 pm opening) cash only	\$10	\$15
Drop-In rates (3:00 pm opening) cash only	\$5	\$10

WAIVER: On the back of this registration form "Participant Agreement, Release and Acknowledgement of Risk" must be completed and signed by Participant (if 18 Years or older), or by Parent or Guardian (if participant is under 18 Years of age).

All payments except for drop-ins will be paid at Recreation Center.

MAKE CHECKS PAYABLE TO: Ridgefield Parks & Recreation
195 Danbury Road
Ridgefield, CT 06877
(203) 431-2755 (Recreation Center)
(203) 431-2739 (Skate Park Office)

STAFF USE ONLY: Amt. Paid: _____ Payment Type: _____ (CK#: _____) Date: _____

Monitor: _____ Additional Comments: _____

NOTE: NEW REGISTRATION AND WAIVER FORMS ARE REQUIRED EACH YEAR



updated: 3/12/24

SKATE PARK

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 or 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 created, 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 may be 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 medical personnel to render treatment and agree to pay for the treatment. I release the TOR from 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 _____