



# Participant Agreement



- By participating in physical activities with Skate Ministry and any of its programs such as Skatuary, I am certifying that I am in sufficient physical condition and good health to do so.
- I will abide by all rules and policies set forth by Skate Ministry during my participation in activities:
  - I will not use or possess alcohol, drugs, tobacco, any other illegal or inappropriate substance, hazardous or combustible materials, or dangerous items such as weapons, firearms, knives, mace, spray paint, lighters, matches, or fireworks.
  - I will not engage in fighting, aggressive, threatening or bullying behavior, or harassment of any sort including inappropriate language and gestures, stealing, graffiti or vandalism of any kind.
  - If I do use or possess any restricted items or engage in any prohibited behavior, I may be required to leave immediately, with no refund and appropriate law enforcement officials may be notified.
- I understand that skateboarding is an inherently dangerous activity and that despite care taken to avoid injury, there will always be physical risks and hazards associated with skateboarding.
- In the event I am injured, all medical expenses incurred will be my responsibility (or the responsibility of my parent or guardian). I hereby authorize Skate Ministry staff to consent to act for me according to their best judgment in any emergency requiring medical attention.
- I assume full responsibility for any loss or damage to my property and any personal injury, including death that may occur as a result of my participation in SkateMinistry activities.
- I hereby release, waive, hold harmless and agree not to sue Skate Ministry, GAO Oakley Foundation, Colorado Department of Transportation and/or their respective employees, directors, officers, agents or representatives, including volunteers, from and against any and all claims, losses, damages or injuries, including death, that may arise or be sustained by me or my property as a result of or related in any way to my participation in any Skate Ministry activities, including any claim or allegation that any such loss, damage or injury was caused in whole or in part by the negligence of Skate Ministry.
- I expressly give Skate Ministry the right to film, videotape, photograph, and/or make any reproduction of me or my physical likeness and the irrevocable right in perpetuity (forever) to use my likeness in any media for advertising or promotional purposes.
- I give permission for the participant (if a minor) or for myself (if an adult) to be transported in a motor vehicle driven by Skate Ministry staff or volunteers.
- Skate Ministry is not responsible for lost, damaged, or stolen items.
- I give permission to Skate Ministry to contact me via telephone, text, and/or email for business and ministry purposes. I am able to opt out of these services by requesting to do so in writing via email to staff@skateministry.org or mailing to our address at 3535 S Irving St, Sheridan, CO 80110. Skate Ministry is not responsible for lost email or mail requests. It is the sole responsibility of the participant or participant's guardian(s) to request removal from Skate Ministry contact lists.

**Participant Information**

**Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Phone** \_\_\_\_\_  
   *Last*                  *First*

**Address** \_\_\_\_\_ **Email** \_\_\_\_\_  
   *Street*  *City, State Zip*

**Emergency Contact Name** \_\_\_\_\_  
   *Last*  *First*

**Phone** \_\_\_\_\_ **Alternate Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Primary Care Physician Name** \_\_\_\_\_ **Doctor Office Phone** \_\_\_\_\_

**Medical/Health Insurance Company** \_\_\_\_\_ **Group #** \_\_\_\_\_ **Policy #** \_\_\_\_\_

**Medical/Health Conditions/Allergies** \_\_\_\_\_

**Signature of Participant**

I have read, fully understand, and agree to be bound by all terms and conditions in this Participant Agreement.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Additional Signature of Parent/Legal Guardian (if Participant is under 18 year of age)**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Legal Guardian Name** \_\_\_\_\_  
   *Last*  *First*

**Driver's License #** \_\_\_\_\_ **State License Issued** \_\_\_\_\_ **Relationship to Participant** \_\_\_\_\_

**Address** \_\_\_\_\_  
   *Street*  *City, State Zip*

**Phone** \_\_\_\_\_ **Alternate Phone** \_\_\_\_\_ **Email** \_\_\_\_\_