



Foundation Skate Ministry Liability/Medical Form - Page 1 of 2

IN ORDER FOR PARTICIPANT TO SKATE/RIDE - PLEASE DO THE FOLLOWING:

- 1. Completely fill out both pages and turn in this Liability/Medical form. Both pages must be signed by a birth parent or legal guardian or adult participant in person and be witnessed by a Foundation Skate Ministry (hereinafter "FSM") staff person or witnessed and notarized by a notary public. Legal guardians and stepparents, etc. must submit a copy of a legal document (to be attached to this Liability/Medical Form) proving legal guardianship. Signatures from stepparents host-families, grandparents, aunts, uncles, other relatives, etc. (without guardianship papers) are not legally binding.
2. Bring ID to prove age/grade. We accept: Current school picture ID, Birth certificate, Drivers license, DMV ID, Medical ID, or Old FSM ID.
3. You are encouraged to wear a helmet. Loaner helmets are available.
4. Meet grade/age policies. Parents/guardians of skaters are welcome to come and observe all our programs, but may not skate.
PeeWee (5th grade and under). Summer: 5th grade graduates may choose either PeeWee or Junior High in the summer but may not go to both. Junior high (6-8 grades). Summer: 8th grade graduates may choose either Junior High or High School in the summer, but may not go to both. High school (9th grade through age 18). Those 18 must sign their own form. Those 19 or older cannot register in High School. Over-18 (ages 18 and above). Those 17 cannot register, even if they drop out or graduate early. Those 18 and in High School cannot register (closed June - October)

Participant's Last Name First M.I. Phone Birth Date Age Grade School E-mail Home Address City State Zip

FSM ACTION SPORTS MINISTRY ACKNOWLEDGMENT/AGREEMENT/WAIVER/ ASSUMPTION OF RISK TO INDEMNIFY FOR MINORS AND ADULT PARTICIPANTS

I, the undersigned, (hereinafter the "Undersigned") do agree to indemnify, hold harmless and defend Foundation Skate Ministry Inc., its staff, interns, and volunteers (hereinafter "FSM") and Cornerstone Community Churc (hereinafter "CCC") upon receipt of this FSM action sports ministry/acknowledgment/agreement/waiver/ assumption of risk agreement to indemnify (hereinafter the "Agreement") and hereby grant permission for the above named person (hereinafter "Participant") to participate in the action sports ministry of FSM subject to the following conditions and requirements:

- 1. The Undersigned (parent/legal guardian of the Participant or the above named adult Participant) understands, acknowledges, and agrees that this Agreement applies whether the Participant is an observer, a bystander, or an active participant, whether the activity is at the above stated premises, adjacent properties, or on an outing of FSM, including traveling to or from such activities.
2. I understand that the Participant must obey all the FSM rules, staff, interns, and volunteers at all FSM events.
3. The Undersigned understands, acknowledges, and agrees that skateboarding, in-line skating, scooter riding, and other action sports are dangerous and can result in injury, disability, death or personal property damage, and is fully aware of the risks and hazards inherent to entering the premises of such activities, observing or participating in such activities, recognizing that such hazards and dangers are further increased when other persons, whether of the same level, experience or skill, are using the same facilities, and hereby voluntarily enrolls the Participant, knowing the present condition of FSM's ramps, equipment, facilities, and property with full knowledge that the said condition may become more hazardous and dangerous at any time.
4. The Undersigned hereby strictly and completely voluntarily, with no coercion, assumes all risk of injury, disability, or death that may be sustained by the Participant and any damage to or theft/loss of Participant's property while in FSM and understands that various degrees of experience and skill are required for the different flat surfaces, curbs, steps, ramps, half-pipes, inclines, bowls, drop offs, and other venues/riding surfaces and agrees that it will be the Participant's sole judgment as to what the Participant will attempt to ride/do.
5. In consideration and upon receipt of this Agreement, the Undersigned hereby releases FSM and CCC on behalf of the above named Participant, his/her heirs, assigns, and legal representatives from any and all liability for personal injuries, disabilities, death or property damage/theft/loss arising out of his/her involvement, whether or not the said injuries, deaths, damages/losses/thefts were caused by/in the negligent care of the facilities, ramps, equipment, observation areas or by FSM. Participant agrees to pay all costs, attorney's fees and expenses incurred by FSM in enforcing this Agreement, and litigations and appeals therefrom, if any.
6. The Participant and Undersigned agree never to sue FSM or CCC in connection with any damages, losses, claims, demands, rights, actions, and causes of action of whatever nature, whether injuries, disabilities, death, or damages/losses/ thefts to his/her property.
7. The Undersigned agrees for himself/herself, and for his/her heirs and legal representatives to indemnify, to save and hold harmless, and defend CCC and FSM and its attendees, against and from any and all damages, actions, causes of action, claims, judgments, costs of litigation and attorney's fees, which may in any way whether by action(s) and/or negligence at any time result from the Participant's involvement in FSM.
8. FSM may immediately revoke this Agreement for any violations of any of its terms.
9. Under the penalty of perjury, the Undersigned does warrant to FSM that all the information given on this Agreement is true, current and accurate.

10. I, as the birth parent/legal guardian of the Participant, have read, understand, and had opportunity to ask questions, and consent to the terms above and to the minor becoming a Participant.

← Or →

10. I, as an adult, have read, understand, and had opportunity to ask questions, and consent to the terms above and to becoming a Participant.

X Date Birth Parent/Legal Guardian Signature

X Date Skater Age 18/Adult Participant Signature

Relationship to Participant



FOUNDATION SKATE MINISTRY EMERGENCY MEDICAL/DENTAL RELEASE AND CONSENT AGREEMENT

- 1. The undersigned (hereinafter "Undersigned") does hereby authorize Foundation Skate Ministry, its staff, interns and volunteers (hereinafter "FSM") to consent to IMMEDIATE FIRST AID MEDICAL CARE, any X-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care for the Participant (named on page 1, hereinafter "Participant") which is deemed advisable by and to be rendered under the general or special supervision of any physician or surgeon, licensed under the provision of the Medicine Practice Act or any dentist licensed under the Dental Practice Act, at any hospital, dental office, or elsewhere.
2. I understand that my insurance and/or my finances will cover any such treatment and that FSM will not be liable, whether or not I am insured.
3. I understand that the Participant will be taken to a hospital/medical facility by car or by ambulance if FSM believes that the Participant may need medical/dental attention. If an accident/incident occurs within the Wadsworth city limits, the Participant will usually be brought to the below specified hospital unless it is determined that the urgency or nature of the injury merits treatment at another medical facility in which case I assume total financial responsibility for payment of such services. I understand that incidents, accidents, physical/medical and dental emergencies which occur on off-site trips or activities of FSM outside the Wadsworth city limits will be treated at a nearby hospital or medical facility whether or not my insurance applies at such a facility and I assume total financial responsibility for payment of all such services.
4. It is understood that an effort will usually be made to contact the Undersigned prior to transporting or rendering treatment to the Participant, but that any of the above transportation or treatment will not be withheld if for any reason the Undersigned is not contacted.
5. I the Undersigned do hereby authorize FSM to act as my agent in presenting this agreement to any qualified medical/dental practitioners and will not hold FSM liable for any treatments rendered.
6. I also give permission for FSM to administer medication the Participant has to take. I will provide FSM with this medication in the original container with specific written instructions on the container for its dispensing.
7. This authorization will remain effective whether the Participant is inside the building, outside the building, at another location, or in route to or from, participating in or observing any program or activity of FSM.
8. I understand that it is my sole responsibility to inform FSM in writing of any changes to any of the information submitted on either page of this form.

1. Does the Participant have any allergies to medicine or medical/physical conditions which FSM or medical/dental professionals should be aware of?
2. Does the Participant have medical insurance?
3. Default Hospital: Advocate Condell Medical Center (unless otherwise noted by you)
4. Emergency contact other than parent/legal guardian:
5. Under the penalty of perjury, the Undersigned does warrant to FSM that all the information given on this form is true, current and accurate.
6. I, as the birth parent/legal guardian of the Participant, have read, understand, and had opportunity to ask questions, and consent to the terms above and to the minor becoming a Participant.
6. I, as an adult, have read, understand, and had opportunity to ask questions, and consent to the terms above and to becoming a Participant.
X \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Birth Parent/Legal Guardian Signature
X \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Skater Age 18/Adult Participant Signature
Relationship to Participant \_\_\_\_\_
Signer - Print Name \_\_\_\_\_ Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_
Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

IF PARENT OR LEGAL GUARDIAN OF MINOR DOES NOT APPEAR TO SIGN IN PERSON THEN SIGNING MUST BE WITNESSED AND NOTARIZED BY A NOTARY PUBLIC. THIS NOTARY SEAL BELOW APPLIES TO BOTH LIABILITY PAGE AND MEDICAL PAGES OF THIS FORM.

On \_\_\_\_\_ before me, \_\_\_\_\_ personally appeared, \_\_\_\_\_ personally known to me \_\_\_\_\_ or proved on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledge to me that he/she executed the same in his/her authorized capacity and that by his/her signature on the instrument, the person executed the instrument. Witness my hand and official seal.

[SEAL]

NOTARY PUBLIC