

## PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the service of Humble Skatepark, their agents, owners, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereafter collectively referred to as "HS"), I hereby agree to release, indemnify, and discharge HS, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that skateboarding, in-line skating and/or riding a BMX bicycle entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: Collision with other participants, the walls, other fixed objects; falling down; my own equipment failure or the failure of other's equipment; my own or others negligence; and objects or conditions on the surface that may cause me to fall; broken bones, sprains, head and back injuries, abrasions, and bruises.

Furthermore, HS employees have difficult jobs to perform. They seek safety, but they are not infallible. They might not be aware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

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 HS from and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of HS's equipment or facilities, including any such claims which allege negligent acts or omissions of HS.

4. Should HS or anyone acting on their 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 am willing to assume the risk or physical condition I may have.

6. In the event I file a lawsuit against HS, I agree to do so solely in the state of Texas, and I further agree that the substantive law of Texas shall apply in that action, without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

**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 maintain a lawsuit against HS on the basis of any claim from which I have released them herein.**

**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 \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

DOB \_\_\_\_\_ Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Email \_\_\_\_\_ DL#/State/Expiration \_\_\_\_\_ Date \_\_\_\_\_

### PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION

**(Must be completed for participants under the age of 18 & Notarized if not completed in front of Skatepark Staff)**

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

Parent or Guardian \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

DL#/State/Expiration \_\_\_\_\_ HSP Employee \_\_\_\_\_