

CHARLOTTESVILLE

parks & recreation

ROLLER SKATING Liability Release Waiver Form

I understand the nature and scope of the activity listed above. I understand that there are risks and dangers associated with the activity. I understand that it is not the function of the City of Charlottesville, its employees, agents, operators, or instructors to guarantee the safety of participants with respect to this activity. I also understand that each participant has the responsibility to exercise due care in the performance of the activity for the safety of himself/herself and the other participants.

In consideration of my/the participant's being permitted to enroll in this activity, I hereby release, indemnify and hold harmless the City of Charlottesville, its employees, agents, operators and instructors from any and all claims, demands, costs, charges, and expenses for harm, injury damage or loss which may be sustained by me/the participant as a result of or relating to participation in this activity.

the City of Charlottesville, its



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I give the City of Charlottesville, its

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In consideration of my/the participant's being permitted to enroll in this activity, I hereby release, indemnify and hold harmless the City of Charlottesville, its employees, agents, operators and instructors from any and all claims, demands, costs, charges, and expenses for harm, injury damage or loss which may be sustained by me/the participant as a result of or relating to participation in this activity.

Charlottesville, its

officials and employees of the City of San Diego during his or her participation in the Recreation Programs. I also give permission for the participant, or his or her picture, to appear in the newspaper or on television as a participant in the Recreation Program.

I have read, and I understand the above Liability Release and Photo Permission.

In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

William Boyd
Print Participant First and Last Name

6/12/13
Date

William Boyd
Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)

officials and employees of the City of San Jose during his or her participation in the Recreation Programs. I also give participants picture and any materials he or she has produced during the program may be posted on the City's website or within other materials publicizing the City's Recreation Programs. I also give permission for the participant, or his or her picture, to appear in the newspaper or on television as a participant in the Recreation Program.

I have read, and I understand the above Liability Release and Photo Permission.

In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Hejun Bao
Print Participant First and Last Name

06/12/2015
Date

Hejun Bao
Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)

during his or her participation in the program. I also give participant's picture and any materials he or she has produced during the program may be published on the City's website or within other materials publicizing the City's Recreation Programs. I also give permission for the participant, or his or her picture, to appear in the newspaper or on television as a participant in the Recreation Program.

I have read, and I understand the above Liability Release and Photo Permission.

In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Rose Boyle
Print Participant First and Last Name

6/10/15
Date

Rose Boyle
Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)

during his or her participation in the Recreation Program. I also give participants picture and any materials he or she has produced during the program may on the City's website or within other materials publicizing the City's Recreation Programs. I also give a permission for the participant, or his or her picture, to appear in the newspaper or on television as a participant in the Recreation Program.

I have read, and I understand the above Liability Release and Photo Permission.

In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Emily Brady
Print Participant First and Last Name:

Date

06/12/2015

Emily Brady
Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)

during his or her participation in the Recreation Program. I also give participant's picture and any materials he or she has produced during the program on the City's website or within other materials publicizing the City's Recreation Programs. I also give permission for the participant, or his or her picture, to appear in the newspaper or on television as a participant in the Recreation Program.

I have read, and I understand the above Liability Release and Photo Permission.

In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Kayden
Bruce

Print Participant First and Last Name

Date

6-7-15

Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)

Robert

during his or her participation in the Recreation Program.
participants picture and any materials he or she has produced during the program may be placed
on the City's website or within other materials publicizing the City's Recreation Programs. I also give
permission for the participant, or his or her picture, to appear in the newspaper or on television as a
participant in the Recreation Program.

I have read, and I understand the above Liability Release and Photo Permission.

In witness whereof, I have executed this Liability Release and Photo Permission as my
own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if
participant is under 18 years of age):

Print Participant First and Last Name

Date

Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)

officials and employees, to process applications for participation in the Recreation Program: I understand and agree that no participant in the Recreation Program may be placed on the City's website or within other materials publicizing the City's Recreation Programs. I also give permission for the participant, or his or her picture, to appear in the newspaper or on television as a participant in the Recreation Program.

I have read, and I understand the above Liability Release and Photo Permission.

In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Shawnee Baskin
Print Participant First and Last Name

06/19/15
Date

Shawnee Baskin
Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)

officials and employees of the City of San Francisco during his or her participation in the Recreation Program. I also give permission for the participant, or his or her picture, to appear in the newspaper or on television as a participant in the Recreation Program.

I have read, and I understand the above Liability Release and Photo Permission.

In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Charles Bartram
Print Participant First and Last Name

6/28/15
Date

Charles Bartram
Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)



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I give the City of Charlottesville, its



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Charlottesville, its

CHARLOTTESVILLE

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the City of Charlottesville, its

during his or her participation in the Recreation Program. permission for the participant, or his or her picture, to appear in the newspaper or on television as a participant in the Recreation Program. I also give a

I have read, and I understand the above Liability Release and Photo Permission.

In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Dionzo Brown
Print Participant First and Last Name

2/3/15
Date

Angela Brown
Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)

officials and employees, to photograph or videotape the above named participant in the Recreation Program. I understand and agree that the participant's picture and any materials he or she has produced during the program may be placed on the City's website or within other materials publicizing the City's Recreation Programs. I also give a permission for the participant, or his or her picture, to appear in the newspaper or on television as a participant in the Recreation Program.

I have read, and I understand the above Liability Release and Photo Permission.
In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Print Participant First and Last Name

Date _____

710115

Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)

officials and employees, during his or her participation in the Recreation Program. I understand that the City's Recreation Program may be placed on the City's website or within other materials he or she has produced during the program may be placed on the City's website or within other materials publicizing the City's Recreation Programs. I also give a permission for the participant, or his or her picture, to appear in the newspaper or on television as a participant in the Recreation Program.

I have read, and I understand the above Liability Release and Photo Permission.

In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Cecilia Brooks
Print Participant First and Last Name

7/17/15
Date

[Signature]
Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)

officials and employees, to photograph or videotape the above named participant in the Recreation Program: I understand and agree that the participant's picture and any materials he or she has produced during the program may be placed on the City's website or within other materials publicizing the City's Recreation Programs. I also give permission for the participant, or his or her picture, to appear in the newspaper or on television as a participant in the Recreation Program.

I have read, and I understand the above Liability Release and Photo Permission.

In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

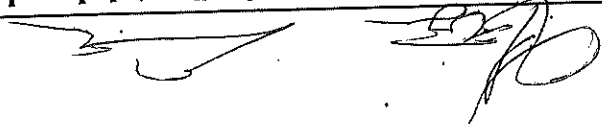
Print Participant First and Last Name

Kelli Bennett

Date

7-18-15

Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)



officials and employees, to photograph or videotape the above-named participant, who is a juvenile, during his or her participation in the Recreation Program. I understand and agree that the participant's picture and any materials he or she has produced during the program may be placed on the City's website or within other materials publicizing the City's Recreation Programs. I also give permission for the participant, or his or her picture, to appear in the newspaper or on television as a participant in the Recreation Program.

I have read, and I understand the above Liability Release and Photo Permission.

In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Print Participant First and Last Name

Kyle Barnett

Date

7-17-15

Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)



officials and employees, to photograph or videotape the above-named participant, who is a juvenile, during his or her participation in the Recreation Program: I understand and agree that the participant's picture and any materials he or she has produced during the program may be placed on the City's website or within other materials publicizing the City's Recreation Programs. I also give permission for the participant, or his or her picture, to appear in the newspaper or on television as a participant in the Recreation Program.

I have read, and I understand the above Liability Release and Photo Permission.
In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Print Participant First and Last Name

~~KARLIS B. BROWNE~~

Date

7/17/2015

Handwritten signature

Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)

officials and employees, to photograph or videotape the above named participant in the Recreation Program: I understand and agree that the participant's picture and any materials he or she has produced during the program may be placed on the City's website or within other materials publicizing the City's Recreation Programs. I also give permission for the participant, or his or her picture, to appear in the newspaper or on television as a participant in the Recreation Program.

I have read, and I understand the above Liability Release and Photo Permission.

In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

BARBARA B. BROWN
Print Participant First and Last Name

7/17/2015
Date

J. M. O.
Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)

officials and employees, to photograph or videotape the above-named participating minor during his or her participation in the Recreation Program: I understand and agree that the participant's picture and any materials he or she has produced during the program may be placed on the City's website or within other materials publicizing the City's Recreation Programs. I also give permission for the participant, or his or her picture, to appear in the newspaper or on television as a participant in the Recreation Program.

I have read, and I understand the above Liability Release and Photo Permission.
In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Print Participant First and Last Name

Hayarita Brooks

Date

7.17.15

Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)

J. Smith

during his or her participation in the Recreation Program. I have read, and I understand the above Liability Release and Photo Permission. participant in the Recreation Program. permission for the participant, or his or her picture, to appear in the newspaper or on television as a participant's picture and any materials he or she has produced for publication in the newspaper or on television as a participant in the Recreation Program.

In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

David B. Bollenfeld
Print Participant First and Last Name

7-19-15
Date

Barbara Bollenfeld
Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)

during his or her participation in the Recreation Program.
participant in the Recreation Program.
on the City's website or within other materials he or she has produced
participant's picture and any materials publicizing the City's Recreation Programs, to appear in the newspaper or on television as a
permission for the participant, or his or her picture, to appear in the newspaper or on television as a
own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if
participant is under 18 years of age):

I have read, and I understand the above Liability Release and Photo Permission.
In witness whereof, I have executed this Liability Release and Photo Permission as my
own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if
participant is under 18 years of age):

Alexis Bishop
Print Participant First and Last Name

July 19, 2015
Date

Theresa K. Morris
Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)

during his or her participation in the Recreation Program, permission for the participant, or his or her picture, to appear in the City's Recreation Programs. I also give permission for the participant, or his or her picture, to appear in the newspaper or on television as a participant in the Recreation Program.

I have read, and I understand the above Liability Release and Photo Permission.

In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Hunter Boffenkamp
Print Participant First and Last Name

7-18-15
Date

Danna Boffenkamp
Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)

during his or her participation in the program, I also give permission for the participant, or his or her picture, to appear in the newspaper or on television as a participant in the Recreation Program.

I have read, and I understand the above Liability Release and Photo Permission.

In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Thomas Bothast
Print Participant First and Last Name

7/19/15
Date

Thomas Bothast
Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)

participant in the Recreation Program.
permission for the participant, or his or her picture, to appear in the newspaper or on television as a
on the City's website or within other materials publicizing the City's Recreation Programs. I also give
participant's picture and any materials he or she has produced during the program.

I have read, and I understand the above Liability Release and Photo Permission.

In witness whereof, I have executed this Liability Release and Photo Permission as my
own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if
participant is under 18 years of age):

Donna Boffenseld
Print Participant First and Last Name

7/19/15
Date

Donna Boffenseld
Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)

participant's picture and any materials publicizing the City's Recreation Programs. I understand that I am giving permission for the participant, or his or her picture, to appear in the newspaper or on television as a participant in the Recreation Program.

I have read, and I understand the above Liability Release and Photo Permission.

In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Eckel Brown
Print Participant First and Last Name

July 19, 2015
Date

Theresa L. Morris
Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)

participant's picture and any materials lie or she has produced during
on the City's website or within other materials publicizing the City's Recreation Programs. I also give
permission for the participant, or his or her picture, to appear in the newspaper or on television as a
participant in the Recreation Program.

I have read, and I understand the above Liability Release and Photo Permission.

In witness whereof, I have executed this Liability Release and Photo Permission as my
own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if
participant is under 18 years of age):

Emma Boyd
Print Participant First and Last Name

7/19/2015
Date

Travis Boyd
Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)

officials and employees, to photograph or videotape the above-named participant, and agree that the participant's picture and any materials he or she has produced during the program may be placed on the City's website or within other materials publicizing the City's Recreation Programs. I also give permission for the participant, or his or her picture, to appear in the newspaper or on television as a participant in the Recreation Program.

I have read, and I understand the above Liability Release and Photo Permission.
In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Kathryn Boyd
Print Participant First and Last Name

7/19/2015
Date

Kathryn Boyd
Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)

during his or her participation in the Recreation Program: I understand and agree that the participant's picture and any materials he or she has produced during the program may be placed on the City's website or within other materials publicizing the City's Recreation Programs. I also give permission for the participant, or his or her picture, to appear in the newspaper or on television as a participant in the Recreation Program.

I have read, and I understand the above Liability Release and Photo Permission.
In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Print Participant First and Last Name

John Boyd

Date

7/19/2015

Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)

John Boyd

ROLLER SKATING
Liability Release Waiver Form

understand the nature and scope of the activity listed above. I understand that there are risks and dangers associated with the activity. I understand that it is not the function of the City of Charlottesville, its employees, agents, operators, or instructors to guarantee the safety of participants with respect to this activity. I also understand that each participant has the responsibility to exercise due care in the performance of the activity for the safety of himself/herself and the other participants.

In consideration of my/the participant's being permitted to enroll in this activity, I hereby release, indemnify and hold harmless the City of Charlottesville, its employees, agents, operators and instructors from any and all claims, demands, costs, charges, and expenses for harm, injury, damage or loss which may be sustained by me/the participant as a result of or relating to participation in this activity.

Photo Permission by Parent, Legal Guardian or Legal Custodian: I give the City of Charlottesville, its officials and employees, to photograph or videotape the above-named participant, who is a juvenile, during his or her participation in the Recreation Program. I understand and agree that the participant's picture and any materials he or she has produced during the program may be placed on the City's website or within other materials publicizing the City's Recreation Programs. I also give permission for the participant, or his or her picture, to appear in the newspaper or on television as a participant in the Recreation Program.

I have read, and I understand the above Liability Release and Photo Permission. In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Print Participant First and Last Name

Date

Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)

ROLLER SKATING
Liability Release Waiver Form

I understand that there are risks and understand the nature and scope of the activity listed above. I understand that it is not the function of the City of Charlotteville, its employees, agents, operators, or instructors to guarantee the safety of participants with respect to this activity. I also understand that each participant has the responsibility to exercise due care in the performance of the activity for the safety of himself/herself and the other participants.

In consideration of my/the participant's being permitted to enroll in this activity, I hereby release, indemnify and hold harmless the City of Charlotteville, its employees, agents, operators and instructors from any and all claims, demands, costs, charges, and expenses for harm, injury, damage or loss which may be sustained by me/the participant as a result of or relating to participation in this activity.

Photo Permission by Parent, Legal Guardian or Legal Custodian: I give the City of Charlotteville, its officials and employees, to photograph or videotape the above-named participant, who is a juvenile, during his or her participation in the Recreation Program. I understand and agree that the participant's picture and any materials he or she has produced during the program may be placed on the City's website or within other materials publicizing the City's Recreation Programs. I also give a permission for the participant, or his or her picture, to appear in the newspaper or on television as a participant in the Recreation Program.

I have read, and I understand the above Liability Release and Photo Permission.

In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Print Participant First and Last Name

Date

Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)

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Photo Permission by Parent, Legal Guardian or Legal Custodian: I give the City of Charlottesville, its officials and employees, to photograph or videotape the above-named participant, who is a juvenile, during his or her participation in the Recreation Program. I understand and agree that the participant's picture and any materials he or she has produced during the program may be placed on the City's website or within other materials publicizing the City's Recreation Programs. I also give a permission for the participant, or his or her picture, to appear in the newspaper or on television as a participant in the Recreation Program.

I have read, and I understand the above Liability Release and Photo Permission.

In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Print Participant First and Last Name
Steve Brooks

Date

8-2-15

Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)
Steve Brooks

ROLLER SKATING
Liability Release Waiver Form

I understand the nature and scope of the activity listed above. I understand that there are risks and dangers associated with the activity. I understand that it is not the function of the City of Charlottesville, its employees, agents, operators, or instructors to guarantee the safety of participants with respect to this activity. I also understand that each participant has the responsibility to exercise due care in the performance of the activity for the safety of himself/herself and the other participants.

In consideration of my/the participant's being permitted to enroll in this activity, I hereby release, indemnify and hold harmless the City of Charlottesville, its employees, agents, operators and instructors from any and all claims, demands, costs, charges, and expenses for harm, injury, damage or loss which may be sustained by me/the participant as a result of or relating to participation in this activity.

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I have read, and I understand the above Liability Release and Photo Permission.

In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Print Participant First and Last Name
Jaylah Booker

Date

8-2-15

Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)

ROLLER SKATING
Liability Release Waiver Form

I understand the nature and scope of the activity listed above. I understand that there are risks and dangers associated with the activity. I understand that it is not the function of the City of Charlottesville, its employees, agents, operators, or instructors to guarantee the safety of participants with respect to this activity. I also understand that each participant has the responsibility to exercise due care in the performance of the activity for the safety of himself/herself and the other participants.

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I have read, and I understand the above Liability Release and Photo Permission.

In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Jamesa Booker
Print Participant First and Last Name

Date

8-2-15

Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)
Jamesa Booker

ROLLER SKATING Liability Release Waiver Form

I understand the nature and scope of the activity listed above. I understand that there are risks and dangers associated with the activity. I understand that it is not the function of the City of Charlottesville, its employees, agents, operators, or instructors to guarantee the safety of participants with respect to this activity. I also understand that each participant has the responsibility to exercise due care in the performance of the activity for the safety of himself/herself and the other participants.

In consideration of my/the participant's being permitted to enroll in this activity, I hereby release, indemnify and hold harmless the City of Charlottesville, its employees, agents, operators and instructors from any and all claims, demands, costs, charges, and expenses for harm, injury damage or loss which may be sustained by me/the participant as a result of or relating to participation in this activity.

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I have read, and I understand the above Liability Release and Photo Permission.

In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Print Participant First and Last Name
Kyazia Booker

Date

8-2-15

Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)
Shirley Booker

ROLLER SKATING Liability Release Waiver Form

I understand that there are risks and understand the nature and scope of the activity listed above. I understand that it is not the function of the City of Charlotte, its employees, agents, operators, or instructors to guarantee the safety of participants with respect to this activity. I also understand that each participant has the responsibility to exercise due care in the performance of the activity for the safety of himself/herself and the other participants.

In consideration of my/the participant's being permitted to enroll in this activity, I hereby release, indemnify and hold harmless the City of Charlotte, its employees, agents, operators and instructors from any and all claims, demands, costs, charges, and expenses for harm, injury, damage or loss which may be sustained by me/the participant as a result of or relating to participation in this activity.

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I have read, and I understand the above Liability Release and Photo Permission.

In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Print Participant First and Last Name

Date

Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)

ROLLER SKATING
Liability Release Waiver Form

I understand that there are risks and understand the nature and scope of the activity listed above. I understand that it is not the function of the City of Charlotte, its employees, agents, operators, or instructors to guarantee the safety of participants with respect to this activity. I also understand that each participant has the responsibility to exercise due care in the performance of the activity for the safety of himself/herself and the other participants.

consideration of my/the participant's being permitted to enroll in this activity, I hereby release, indemnify and hold harmless the City of Charlotte, its employees, agents, operators and instructors from any and all claims, demands, costs, charges, and expenses for harm, injury, damage or loss which may be sustained by me/the participant as a result of or relating to participation in this activity.

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I have read, and I understand the above Liability Release and Photo Permission.

In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Keyana Brown
Print Participant First and Last Name

8-7-15
Date

My Signature
Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)

ROLLER SKATING
Liability Release Waiver Form

I understand the nature and scope of the activity listed above. I understand that there are risks and dangers associated with the activity. I understand that it is not the function of the City of Charlottesville, its employees, agents, operators, or instructors to guarantee the safety of participants with respect to this activity. I also understand that each participant has the responsibility to exercise due care in the performance of the activity for the safety of himself/herself and the other participants.

In consideration of my/the participant's being permitted to enroll in this activity, I hereby release, indemnify and hold harmless the City of Charlottesville, its employees, agents, operators and instructors from any and all claims, demands, costs, charges, and expenses for harm, injury damage or loss which may be sustained by me/the participant as a result of or relating to participation in this activity.

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I have read, and I understand the above Liability Release and Photo Permission.

In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Print Participant First and Last Name

Isabelle Brann

Date

8/9/15

Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)

Isabelle Brann

ROLLER SKATING
Liability Release Waiver Form

I understand the nature and scope of the activity listed above. I understand that there are risks and dangers associated with the activity. I understand that it is not the function of the City of Charlottesville, its employees, agents, operators, or instructors to guarantee the safety of participants with respect to this activity. I also understand that each participant has the responsibility to exercise due care in the performance of the activity for the safety of himself/herself and the other participants.

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Photo Permission by Parent, Legal Guardian or Legal Custodian: I give the City of Charlottesville, its officials and employees, to photograph or videotape the above-named participant, who is a juvenile, during his or her participation in the Recreation Program. I understand and agree that the participants picture and any materials he or she has produced during the program may be placed on the City's website or within other materials publicizing the City's Recreation Programs. I also give permission for the participant, or his or her picture, to appear in the newspaper or on television as a participant in the Recreation Program.

I have read, and I understand the above Liability Release and Photo Permission. In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Print Participant First and Last Name

Madeline Bram

Date

8/9/15

Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)

[Signature]

ROLLER SKATING Liability Release Waiver Form

I understand the nature and scope of the activity listed above. I understand that there are risks and dangers associated with the activity. I understand that it is not the function of the City of Charlottesville, its employees, agents, operators, or instructors to guarantee the safety of participants with respect to this activity. I also understand that each participant has the responsibility to exercise due care in the performance of the activity for the safety of himself/herself and the other participants.

In consideration of my/the participant's being permitted to enroll in this activity, I hereby release, indemnify and hold harmless the City of Charlottesville, its employees, agents, operators and instructors from any and all claims, demands, costs, charges, and expenses for harm, injury damage or loss which may be sustained by me/the participant as a result of or relating to participation in this activity.

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I have read, and I understand the above Liability Release and Photo Permission.

In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Alex Barot
Print Participant First and Last Name

8/28/15
Date

Denise Dempsey
Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)

**ROLLER SKATING
Liability Release Waiver Form**

I understand the nature and scope of the activity listed above. I understand that there are risks and dangers associated with the activity. I understand that it is not the function of the City of Charlottesville, its employees, agents, operators, or instructors to guarantee the safety of participants with respect to this activity. I also understand that each participant has the responsibility to exercise due care in the performance of the activity for the safety of himself/herself and the other participants.

In consideration of my/the participant's being permitted to enroll in this activity, I hereby release, indemnify and hold harmless the City of Charlottesville, its employees, agents, operators and instructors from any and all claims, demands, costs, charges, and expenses for harm, injury damage or loss which may be sustained by me/the participant as a result of or relating to participation in this activity.

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I have read, and I understand the above Liability Release and Photo Permission.

In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Daycee Berner
Print Participant First and Last Name

Date

8/30/15

Robert G. Berner
Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)



ROLLER SKATING Liability Release Waiver Form

I understand the nature and scope of the activity listed above. I understand that there are risks and dangers associated with the activity. I understand that it is not the function of the City of Charlotte, its employees, agents, operators, or instructors to guarantee the safety of participants with respect to this activity. I also understand that each participant has the responsibility to exercise due care in the performance of the activity for the safety of himself/herself and the other participants.

In consideration of my/the participant's being permitted to enroll in this activity, I hereby release, indemnify and hold harmless the City of Charlotte, its employees, agents, operators and instructors from any and all claims, demands, costs, charges, and expenses for harm, injury damage or loss which may be sustained by me/the participant as a result of or relating to participation in this activity.

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I have read, and I understand the above Liability Release and Photo Permission.

In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Denise Bauer
Print Participant First and Last Name

8/30/15
Date

Denise Bauer
Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)

ROLLER SKATING
Liability Release Waiver Form

I understand that there are risks and understand the nature and scope of the activity listed above. I understand that it is not the function of the City of Charlotteville, its employees, agents, operators, or instructors to guarantee the safety of participants with respect to this activity. I also understand that each participant has the responsibility to exercise due care in the performance of the activity for the safety of himself/herself and the other participants.

In consideration of my/the participant's being permitted to enroll in this activity, I hereby release, indemnify and hold harmless the City of Charlotteville, its employees, agents, operators and instructors from any and all claims, demands, costs, charges, and expenses for harm, injury, damage or loss which may be sustained by me/the participant as a result of or relating to participation in this activity.

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I have read, and I understand the above Liability Release and Photo Permission.

In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Corey King
Print Participant First and Last Name

9/11/15
Date

[Signature]
Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)

ROLLER SKATING
Liability Release Waiver Form

I understand the nature and scope of the activity listed above. I understand that there are risks and dangers associated with the activity. I understand that it is not the function of the City of Charlottesville, its employees, agents, operators, or instructors to guarantee the safety of participants with respect to this activity. I also understand that each participant has the responsibility to exercise due care in the performance of the activity for the safety of himself/herself and the other participants.

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I have read, and I understand the above Liability Release and Photo Permission.

In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Print Participant First and Last Name

Date

Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)

ROLLER SKATING Liability Release Waiver Form

I understand the nature and scope of the activity listed above. I understand that there are risks and dangers associated with the activity. I understand that it is not the function of the City of Charlottesville, its employees, agents, operators, or instructors to guarantee the safety of participants with respect to this activity. I also understand that each participant has the responsibility to exercise due care in the performance of the activity for the safety of himself/herself and the other participants.

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I have read, and I understand the above Liability Release and Photo Permission.

In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Print Participant First and Last Name

Date

Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)

ROLLER SKATING
Liability Release Waiver Form

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I have read, and I understand the above Liability Release and Photo Permission.

In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Print Participant First and Last Name

OLIVER ABRAHAM

Date

9/13/15

Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)

Shirley Baker

ROLLER SKATING Liability Release Waiver Form

I understand the nature and scope of the activity listed above. I understand that there are risks and dangers associated with the activity. I understand that it is not the function of the City of Charlottesville, its employees, agents, operators, or instructors to guarantee the safety of participants with respect to this activity. I also understand that each participant has the responsibility to exercise due care in the performance of the activity for the safety of himself/herself and the other participants.

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I have read, and I understand the above Liability Release and Photo Permission.

In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Print Participant First and Last Name

LORDAN BIRNEY

Date

9/13/15

Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)

Shirley Blakey

ROLLER SKATING
Liability Release Waiver Form

I understand the nature and scope of the activity listed above. I understand that there are risks and dangers associated with the activity. I understand that it is not the function of the City of Charlottesville, its employees, agents, operators, or instructors to guarantee the safety of participants with respect to this activity. I also understand that each participant has the responsibility to exercise due care in the performance of the activity for the safety of himself/herself and the other participants.

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I have read, and I understand the above Liability Release and Photo Permission.

In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Print Participant First and Last Name
Shelley Blakey

Date

9/13/15

Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)
Shelley Blakey

ROLLER SKATING Liability Release Waiver Form

I understand the nature and scope of the activity listed above. I understand that there are risks and dangers associated with the activity. I understand that it is not the function of the City of Charlottesville, its employees, agents, operators, or instructors to guarantee the safety of participants with respect to this activity. I also understand that each participant has the responsibility to exercise due care in the performance of the activity for the safety of himself/herself and the other participants.

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I have read, and I understand the above Liability Release and Photo Permission.

In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Print Participant First and Last Name

Kiana Bullard

Date

9-13-15

Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)

Kiana Bullard

ROLLER SKATING Liability Release Waiver Form

I understand the nature and scope of the activity listed above. I understand that there are risks and dangers associated with the activity. I understand that it is not the function of the City of Charlottesville, its employees, agents, operators, or instructors to guarantee the safety of participants with respect to this activity. I also understand that each participant has the responsibility to exercise due care in the performance of the activity for the safety of himself/herself and the other participants.

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I have read, and I understand the above Liability Release and Photo Permission.

In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Print Participant First and Last Name

Date

Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)

ROLLER SKATING
Liability Release Waiver Form

and understand the nature and scope of the activity listed above. I understand that there are risks and dangers associated with the activity. I understand that it is not the function of the City of Charlottesville, its employees, agents, operators, or instructors to guarantee the safety of participants with respect to this activity. I also understand that each participant has the responsibility to exercise due care in the performance of the activity for the safety of himself/herself and the other participants.

I consideration of my/the participant's being permitted to enroll in this activity, I hereby release, indemnify and hold harmless the City of Charlottesville, its employees, agents, operators and instructors from any and all claims, demands, costs, charges, and expenses for harm, injury, damage or loss which may be sustained by me/the participant as a result of or relating to participation in this activity.

Photo Permission by Parent, Legal Guardian or Legal Custodian: I give the City of Charlottesville, its officials and employees, to photograph or videotape the above-named participant, who is a juvenile, during his or her participation in the Recreation Program: I understand and agree that the participant's picture and any materials he or she has produced during the program may be placed on the City's website or within other materials publicizing the City's Recreation Programs. I also give permission for the participant, or his or her picture, to appear in the newspaper or on television as a participant in the Recreation Program.

I have read, and I understand the above Liability Release and Photo Permission.

In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Print Participant First and Last Name

Date

Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)

ROLLER SKATING
Liability Release Waiver Form

I understand the nature and scope of the activity listed above. I understand that there are risks and dangers associated with the activity. I understand that it is not the function of the City of Charlotteville, its employees, agents, operators, or instructors to guarantee the safety of participants with respect to this activity. I also understand that each participant has the responsibility to exercise due care in the performance of the activity for the safety of himself/herself and the other participants.

In consideration of my/the participant's being permitted to enroll in this activity, I hereby release, defend, indemnify and hold harmless the City of Charlotteville, its employees, agents, operators and instructors from any and all claims, demands, costs, charges, and expenses for harm, injury, damage or loss which may be sustained by me/the participant as a result of or relating to participation in this activity.

Photo Permission by Parent, Legal Guardian or Legal Custodian: I give the City of Charlotteville, its officials and employees, to photograph or videotape the above-named participant, who is a juvenile, during his or her participation in the Recreation Program. I understand and agree that the participant's picture and any materials he or she has produced during the program may be placed on the City's website or within other materials publicizing the City's Recreation Programs. I also give permission for the participant, or his or her picture, to appear in the newspaper or on television as a participant in the Recreation Program.

I have read, and I understand the above Liability Release and Photo Permission.

In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Print Participant First and Last Name

Date

Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)

ROLLER SKATING
Liability Release Waiver Form

I understand that there are risks and understand the nature and scope of the activity listed above. I understand that it is not the function of the City of Charlotteville, its employees, agents, operators, or instructors to guarantee the safety of participants with respect to this activity. I also understand that each participant has the responsibility to exercise due care in the performance of the activity for the safety of himself/herself and the other participants.

In consideration of my/the participant's being permitted to enroll in this activity, I hereby release, indemnify and hold harmless the City of Charlotteville, its employees, agents, operators and instructors from any and all claims, demands, costs, charges, and expenses for harm, injury, damage or loss which may be sustained by me/the participant as a result of or relating to participation in this activity.

Photo Permission by Parent, Legal Guardian or Legal Custodian: I give the City of Charlotteville, its officials and employees, to photograph or videotape the above-named participant, who is a juvenile, during his or her participation in the Recreation Program: I understand and agree that the participant's picture and any materials he or she has produced during the program may be placed on the City's website or within other materials publicizing the City's Recreation Programs. I also give permission for the participant, or his or her picture, to appear in the newspaper or on television as a participant in the Recreation Program.

I have read, and I understand the above Liability Release and Photo Permission.

In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Print Participant First and Last Name

Date

Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)

ROLLER SKATING
Liability Release Waiver Form

I understand the nature and scope of the activity listed above. I understand that there are risks and dangers associated with the activity. I understand that it is not the function of the City of Charlottesville, its employees, agents, operators, or instructors to guarantee the safety of participants with respect to this activity. I also understand that each participant has the responsibility to exercise due care in the performance of the activity for the safety of himself/herself and the other participants.

In consideration of my/the participant's being permitted to enroll in this activity, I hereby release, indemnify and hold harmless the City of Charlottesville, its employees, agents, operators and instructors from any and all claims, demands, costs, charges, and expenses for harm, injury, damage or loss which may be sustained by me/the participant as a result of or relating to participation in this activity.

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I have read, and I understand the above Liability Release and Photo Permission.
In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Print Participant First and Last Name

Date

Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)

ROLLER SKATING
Liability Release Waiver Form

I understand the nature and scope of the activity listed above. I understand that there are risks and dangers associated with the activity. I understand that it is not the function of the City of Charlottesville, its employees, agents, operators, or instructors to guarantee the safety of participants with respect to this activity. I also understand that each participant has the responsibility to exercise due care in the performance of the activity for the safety of himself/herself and the other participants.

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I have read, and I understand the above Liability Release and Photo Permission.

In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Rachel Barber
Print Participant First and Last Name

9/27/15
Date

[Signature]
Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)

ROLLER SKATING Liability Release Waiver Form

I understand the nature and scope of the activity listed above. I understand that there are risks and dangers associated with the activity. I understand that it is not the function of the City of Charlottesville, its employees, agents, operators, or instructors to guarantee the safety of participants with respect to this activity. I also understand that each participant has the responsibility to exercise due care in the performance of the activity for the safety of himself/herself and the other participants.

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I have read, and I understand the above Liability Release and Photo Permission.

In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Print Participant First and Last Name

Jasmine Butler

Date

Oct 4th, 2015

Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)

J. Johnson

ROLLER SKATING
Liability Release Waiver Form

I understand the nature and scope of the activity listed above. I understand that there are risks and dangers associated with the activity. I understand that it is not the function of the City of Charlottesville, its employees, agents, operators, or instructors to guarantee the safety of participants with respect to this activity. I also understand that each participant has the responsibility to exercise due care in the performance of the activity for the safety of himself/herself and the other participants.

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I have read, and I understand the above Liability Release and Photo Permission.

In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

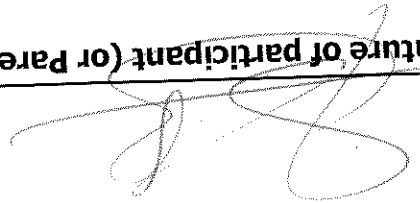
Print Participant First and Last Name

Dr. Nesh Brooks

Date

10-4-15

Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)



ROLLER SKATING Liability Release Waiver Form

I understand the nature and scope of the activity listed above. I understand that there are risks and dangers associated with the activity. I understand that it is not the function of the City of Charlottesville, its employees, agents, operators, or instructors to guarantee the safety of participants with respect to this activity. I also understand that each participant has the responsibility to exercise due care in the performance of the activity for the safety of himself/herself and the other participants.

In consideration of my/the participant's being permitted to enroll in this activity, I hereby release, indemnify and hold harmless the City of Charlottesville, its employees, agents, operators and instructors from any and all claims, demands, costs, charges, and expenses for harm, injury damage or loss which may be sustained by me/the participant as a result of or relating to participation in this activity.

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I have read, and I understand the above Liability Release and Photo Permission.

In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Print Participant First and Last Name

Date

Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)

ROLLER SKATING
Liability Release Waiver Form

I understand the nature and scope of the activity listed above. I understand that there are risks and dangers associated with the activity. I understand that it is not the function of the City of Charlottesville, its employees, agents, operators, or instructors to guarantee the safety of participants with respect to this activity. I also understand that each participant has the responsibility to exercise due care in the performance of the activity for the safety of himself/herself and the other participants.

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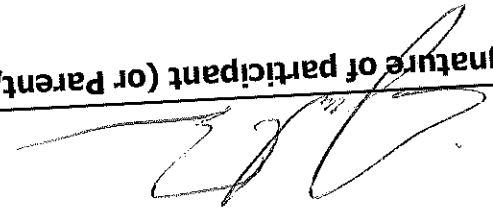
Photo Permission by Parent, Legal Guardian or Legal Custodian: I give the City of Charlottesville, its officials and employees, to photograph or videotape the above-named participant, who is a juvenile, during his or her participation in the Recreation Program. I understand and agree that the participant's picture and any materials he or she has produced during the program may be placed on the City's website or within other materials publicizing the City's Recreation Programs. I also give permission for the participant, or his or her picture, to appear in the newspaper or on television as a participant in the Recreation Program.

I have read, and I understand the above Liability Release and Photo Permission.

In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Print Participant First and Last Name
Gracie Brown

Date
10/11/15

Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)


ROLLER SKATING
Liability Release Waiver Form

I understand the nature and scope of the activity listed above. I understand that there are risks and dangers associated with the activity. I understand that it is not the function of the City of Charlottesville, its employees, agents, operators, or instructors to guarantee the safety of participants with respect to this activity. I also understand that each participant has the responsibility to exercise due care in the performance of the activity for the safety of himself/herself and the other participants.

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I have read, and I understand the above Liability Release and Photo Permission.

In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Print Participant First and Last Name

Kamille Brooks

Date

10/11/15

Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)

Kamille Brooks

ROLLER SKATING
Liability Release Waiver Form

I understand the nature and scope of the activity listed above. I understand that there are risks and dangers associated with the activity. I understand that it is not the function of the City of Charlottesville, its employees, agents, operators, or instructors to guarantee the safety of participants with respect to this activity. I also understand that each participant has the responsibility to exercise due care in the performance of the activity for the safety of himself/herself and the other participants.

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I have read, and I understand the above Liability Release and Photo Permission.

In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Print Participant First and Last Name

Makela Belan

Date

10-16-2015

Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)

[Signature]

ROLLER SKATING Liability Release Waiver Form

I understand the nature and scope of the activity listed above. I understand that there are risks and dangers associated with the activity. I understand that it is not the function of the City of Charlottesville, its employees, agents, operators, or instructors to guarantee the safety of participants with respect to this activity. I also understand that each participant has the responsibility to exercise due care in the performance of the activity for the safety of himself/herself and the other participants.

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I have read, and I understand the above Liability Release and Photo Permission.

In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Julius Burton
Print Participant First and Last Name

Date

10-26-2012

[Signature]
Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)

ROLLER SKATING
Liability Release Waiver Form

I understand the nature and scope of the activity listed above. I understand that there are risks and dangers associated with the activity. I understand that it is not the function of the City of Charlottesville, its employees, agents, operators, or instructors to guarantee the safety of participants with respect to this activity. I also understand that each participant has the responsibility to exercise due care in the performance of the activity for the safety of himself/herself and the other participants.

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I have read, and I understand the above Liability Release and Photo Permission.

In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Lisa J. Bentley Tobias
Print Participant First and Last Name

Date

14 OCT 15

[Signature]
Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)



**ROLLER SKATING
Liability Release Waiver Form**

I understand the nature and scope of the activity listed above. I understand that there are risks and dangers associated with the activity. I understand that it is not the function of the City of Charlotteville, its employees, agents, operators, or instructors to guarantee the safety of participants with respect to this activity. I also understand that each participant has the responsibility to exercise due care in the performance of the activity for the safety of himself/herself and the other participants.

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I have read, and I understand the above Liability Release and Photo Permission.

In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Eula Bentley Tobias
Print Participant First and Last Name

18 OCT 15
Date

Eula Bentley Tobias
Signature of Participant (or Parent, Legal Guardian or Legal Custodian if under 18)

ROLLER SKATING
Liability Release Waiver Form

I understand the nature and scope of the activity listed above. I understand that there are risks and dangers associated with the activity. I understand that it is not the function of the City of Charlottesville, its employees, agents, operators, or instructors to guarantee the safety of participants with respect to this activity. I also understand that each participant has the responsibility to exercise due care in the performance of the activity for the safety of himself/herself and the other participants.

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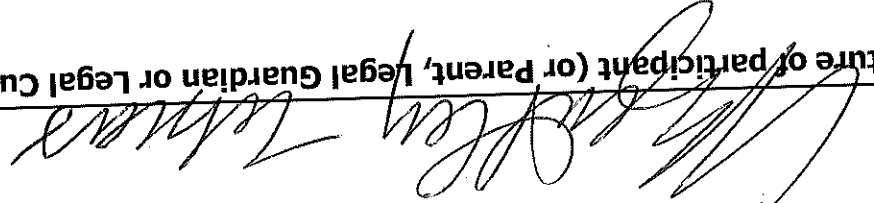
Photo Permission by Parent, Legal Guardian or Legal Custodian: I give the City of Charlottesville, its officials and employees, to photograph or videotape the above-named participant, who is a juvenile, during his or her participation in the Recreation Program. I understand and agree that the participant's picture and any materials he or she has produced during the program may be placed on the City's website or within other materials publicizing the City's Recreation Programs. I also give permission for the participant, or his or her picture, to appear in the newspaper or on television as a participant in the Recreation Program.

I have read, and I understand the above Liability Release and Photo Permission.

In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Print Participant First and Last Name
Alan Bantley Thomas

Date
18 OCT 15

Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)


ROLLER SKATING Liability Release Waiver Form

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I have read, and I understand the above Liability Release and Photo Permission.

In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Print Participant First and Last Name

Date

Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)

ROLLER SKATING
Liability Release Waiver Form

I understand the nature and scope of the activity listed above. I understand that there are risks and dangers associated with the activity. I understand that it is not the function of the City of Charlottesville, its employees, agents, operators, or instructors to guarantee the safety of participants with respect to this activity. I also understand that each participant has the responsibility to exercise due care in the performance of the activity for the safety of himself/herself and the other participants.

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I have read, and I understand the above Liability Release and Photo Permission.

In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Stamula Bates
Print Participant First and Last Name

Date

11.1.15

Shirley Bates
Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)

ROLLER SKATING Liability Release Waiver Form

I understand the nature and scope of the activity listed above. I understand that there are risks and dangers associated with the activity. I understand that it is not the function of the City of Charlottesville, its employees, agents, operators, or instructors to guarantee the safety of participants with respect to this activity. I also understand that each participant has the responsibility to exercise due care in the performance of the activity for the safety of himself/herself and the other participants.

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I have read, and I understand the above Liability Release and Photo Permission.

In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Hayley Bourne
Print Participant First and Last Name

Date

11/11/15

Stephanie Bourne
Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)

ROLLER SKATING Liability Release Waiver Form

I understand the nature and scope of the activity listed above. I understand that there are risks and dangers associated with the activity. I understand that it is not the function of the City of Charlottesville, its employees, agents, operators, or instructors to guarantee the safety of participants with respect to this activity. I also understand that each participant has the responsibility to exercise due care in the performance of the activity for the safety of himself/herself and the other participants.

In consideration of my/the participant's being permitted to enroll in this activity, I hereby release, indemnify and hold harmless the City of Charlottesville, its employees, agents, operators and instructors from any and all claims, demands, costs, charges, and expenses for harm, injury damage or loss which may be sustained by me/the participant as a result of or relating to participation in this activity.

Photo Permission by Parent, Legal Guardian or Legal Custodian: I give the City of Charlottesville, its officials and employees, to photograph or videotape the above-named participant, who is a juvenile, during his or her participation in the Recreation Program. I understand and agree that the participant's picture and any materials he or she has produced during the program may be placed on the City's website or within other materials publicizing the City's Recreation Programs. I also give permission for the participant, or his or her picture, to appear in the newspaper or on television as a participant in the Recreation Program.

I have read, and I understand the above Liability Release and Photo Permission.

In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Print Participant First and Last Name
Chesney Borne

Date

11/1/15

Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)
Stephanie Borne

ROLLER SKATING Liability Release Waiver Form

I understand the nature and scope of the activity listed above. I understand that there are risks and dangers associated with the activity. I understand that it is not the function of the City of Charlottesville, its employees, agents, operators, or instructors to guarantee the safety of participants with respect to this activity. I also understand that each participant has the responsibility to exercise due care in the performance of the activity for the safety of himself/herself and the other participants.

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I have read, and I understand the above Liability Release and Photo Permission.

In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Print Participant First and Last Name

Stephanie Bourn

Date

11/1/15

Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)

Stephanie Bourn

ROLLER SKATING
Liability Release Waiver Form

I understand the nature and scope of the activity listed above. I understand that there are risks and dangers associated with the activity. I understand that it is not the function of the City of Charlottesville, its employees, agents, operators, or instructors to guarantee the safety of participants with respect to this activity. I also understand that each participant has the responsibility to exercise due care in the performance of the activity for the safety of himself/herself and the other participants.

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I have read, and I understand the above Liability Release and Photo Permission.

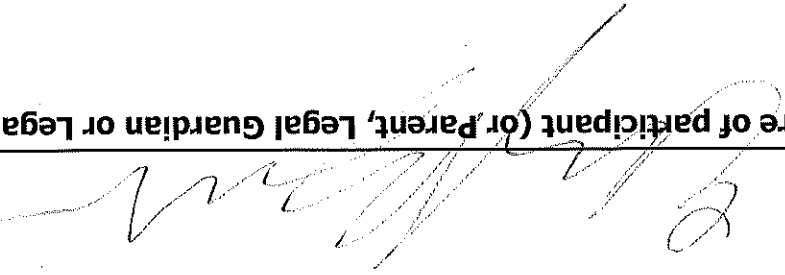
In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Print Participant First and Last Name
A'Keliah Brown

Date

01/06/2015

Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)



ROLLER SKATING
Liability Release Waiver Form

I understand the nature and scope of the activity listed above. I understand that there are risks and dangers associated with the activity. I understand that it is not the function of the City of Charlottesville, its employees, agents, operators, or instructors to guarantee the safety of participants with respect to this activity. I also understand that each participant has the responsibility to exercise due care in the performance of the activity for the safety of himself/herself and the other participants.

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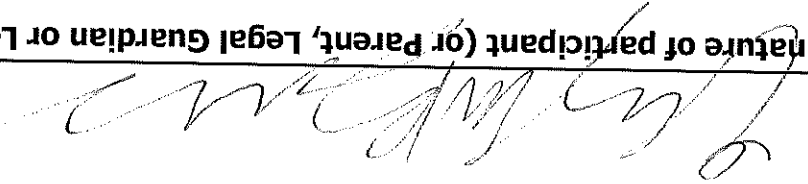
In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Elizabeth Blanks
Print Participant First and Last Name

Date

11/06/2015

Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)



ROLLER SKATING Liability Release Waiver Form

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Print Participant First and Last Name

Date

Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)

ROLLER SKATING Liability Release Waiver Form

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Print Participant First and Last Name

Date

Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)

ROLLER SKATING Liability Release Waiver Form

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I have read, and I understand the above Liability Release and Photo Permission.

In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Print Participant First and Last Name

Chelene Reese

Date

6 Nov 2015

Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)



ROLLER SKATING Liability Release Waiver Form

I understand the nature and scope of the activity listed above. I understand that there are risks and dangers associated with the activity. I understand that it is not the function of the City of Charlottesville, its employees, agents, operators, or instructors to guarantee the safety of participants with respect to this activity. I also understand that each participant has the responsibility to exercise due care in the performance of the activity for the safety of himself/herself and the other participants.

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I have read, and I understand the above Liability Release and Photo Permission.

In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Print Participant First and Last Name

Luke Bess

Date

6 Nov 2015

Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)



ROLLER SKATING
Liability Release Waiver Form

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I have read, and I understand the above Liability Release and Photo Permission.

In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Christina Beck
Print Participant First and Last Name

Date

6 Nov 2015

Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)

ROLLER SKATING
Liability Release Waiver Form

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I have read, and I understand the above Liability Release and Photo Permission.

In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Print Participant First and Last Name

Larry Benhamer

Date

4/1/16

Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)

Larry Benhamer

ROLLER SKATING Liability Release Waiver Form

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I have read, and I understand the above Liability Release and Photo Permission.

In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Print Participant First and Last Name

Amika Beenhaker

Date

4/11/16

Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)

[Signature]

ROLLER SKATING
Liability Release Waiver Form

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In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Print Participant First and Last Name

Sebastian Bern

Date

4/1/16

Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)

ROLLER SKATING
Liability Release Waiver Form

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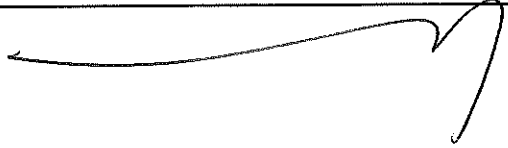
Print Participant First and Last Name

Gosic Beuregas

Date

4/1/16

Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)



ROLLER SKATING
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I have read, and I understand the above Liability Release and Photo Permission.

In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Naomi + Maria Becker-Montgomery
Print Participant First and Last Name
1 APR 2016
Date

Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)

ROLLER SKATING
Liability Release Waiver Form

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I have read, and I understand the above Liability Release and Photo Permission.

In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Print Participant First and Last Name

Peyton Braley

Date

4-1-16

Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)

Thy... - Parent

ROLLER SKATING
Liability Release Waiver Form

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In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Zayden Bradley
Print Participant First and Last Name

4-1-16
Date

Parent
Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)

ROLLER SKATING
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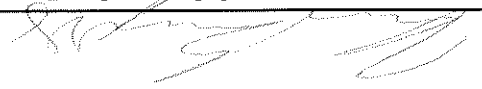
Print Participant First and Last Name

Date

Kordell Burgess

4/17/16

Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)



ROLLER SKATING Liability Release Waiver Form

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I have read, and I understand the above Liability Release and Photo Permission. In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Print Participant First and Last Name

MARIA BROWN

Date

04/17/2014

Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)

Maria Brown

ROLLER SKATING
Liability Release Waiver Form

I understand the nature and scope of the activity listed above. I understand that there are risks and dangers associated with the activity. I understand that it is not the function of the City of Charlottesville, its employees, agents, operators, or instructors to guarantee the safety of participants with respect to this activity. I also understand that each participant has the responsibility to exercise due care in the performance of the activity for the safety of himself/herself and the other participants.

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I have read, and I understand the above Liability Release and Photo Permission.

In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Print Participant First and Last Name

Date

Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)

ROLLER SKATING
Liability Release Waiver Form

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I have read, and I understand the above Liability Release and Photo Permission.

In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Print Participant First and Last Name

Date

Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)

ROLLER SKATING
Liability Release Waiver Form

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Print Participant First and Last Name

Date

Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)

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In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Print Participant First and Last Name

Leila Baranowski

Date

3/13/2016

Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)

Leila Baranowski

ROLLER SKATING
Liability Release Waiver Form

I understand the nature and scope of the activity listed above. I understand that there are risks and dangers associated with the activity. I understand that it is not the function of the City of Charlottesville, its employees, agents, operators, or instructors to guarantee the safety of participants with respect to this activity. I also understand that each participant has the responsibility to exercise due care in the performance of the activity for the safety of himself/herself and the other participants.

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I have read, and I understand the above Liability Release and Photo Permission.

In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

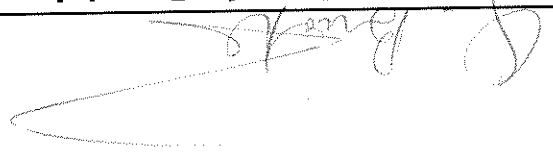
Print Participant First and Last Name

LaLajal Brooks

Date

3/13/16

Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)



ROLLER SKATING
Liability Release Waiver Form

I understand the nature and scope of the activity listed above. I understand that there are risks and dangers associated with the activity. I understand that it is not the function of the City of Charlottesville, its employees, agents, operators, or instructors to guarantee the safety of participants with respect to this activity. I also understand that each participant has the responsibility to exercise due care in the performance of the activity for the safety of himself/herself and the other participants.

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I have read, and I understand the above Liability Release and Photo Permission.
In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Messiah Bargas
Print Participant First and Last Name

FEB 19 2 016
Date

Signature of Participant (or Parent, Legal Guardian or Legal Custodian if under 18)
Angelina Bargas

ROLLER SKATING
Liability Release Waiver Form

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I have read, and I understand the above Liability Release and Photo Permission.

In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Print Participant First and Last Name

Ell Boyer

Date

2/19/16

Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)

ROLLER SKATING Liability Release Waiver Form

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I have read, and I understand the above Liability Release and Photo Permission.

In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Print Participant First and Last Name

Genoa S. Boas

Date

Feb 19 2016

Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)



ROLLER SKATING
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I have read, and I understand the above Liability Release and Photo Permission.

In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Malyin Blanchette
Print Participant First and Last Name

2/28/2016
Date

Angela D. Blanchette
Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)

ROLLER SKATING
Liability Release Waiver Form

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In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Print Participant First and Last Name

Jack Blanchette

Date

2/28/2016

Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)

Angela D. Blanchette

ROLLER SKATING
Liability Release Waiver Form

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Print Participant First and Last Name

Date

Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)

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Print Participant First and Last Name

Date

Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)

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Print Participant First and Last Name

Date

Signature of Participant (or Parent, Legal Guardian or Legal Custodian if under 18)

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In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Print Participant First and Last Name

Christa Bennett

Date

7.28.16

Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)



ROLLER SKATING
Liability Release Waiver Form

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I have read, and I understand the above Liability Release and Photo Permission.

In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):

Print Participant First and Last Name

Mr. Travis Bennett

Date

3-4-16

Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)

Travis Bennett