

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):

Arabelle Elliott  
Print Participant First and Last Name

Jan. 11, 2015  
Date

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

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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):

Caius R. Elliott  
Print Participant First and Last Name

Jan. 11, 2015  
Date

Shirah C. Elliott  
Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)

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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):

Tahira Elliott  
Print Participant First and Last Name

Jan. 13, 2015  
Date

Tahira Elliott  
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):**

Benny Edelson

**Print Participant First and Last Name**

9/14/14

**Date**

Junifer Edelson

**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):**

Leo Edelson  
**Print Participant First and Last Name**

9/14/14  
**Date**

Jennifer Edelson  
**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):**

Erin McGlwin

Print Participant First and Last Name

3/10/14

Date

Erin McGlwin

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):**

Emeraude  
**Print Participant First and Last Name**

3/2/18  
**Date**

[Signature]  
**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):**

RAW Egan  
Print Participant First and Last Name

3-2-14  
Date

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



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

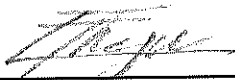
**In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):**

THEA EAGAN

Print Participant First and Last Name

3/2/14

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):**

KEN Edwards  
Print Participant First and Last Name

2/28/14  
Date

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



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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):**

Bernice Edwards  
Print Participant First and Last Name

2/28/14  
Date

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



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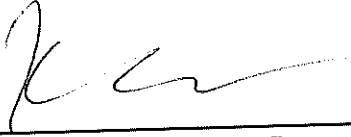
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**In witness whereof, I have executed this Liability Release and Photo Permission as my own free act. (Participant Parent, Legal Guardian or Legal Custodian, must sign if participant is under 18 years of age):**

DEAN Edwards  
\_\_\_\_\_  
Print Participant First and Last Name

2/28/14  
\_\_\_\_\_  
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):**

Audri Estemera

**Print Participant First and Last Name**

2/9/14

**Date**

[Signature]

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

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Egypt Edwards

**Print Participant First and Last Name**

2 / 23 / 2014

**Date**

Yolanke Adams

**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):**

Matt Ewen  
**Print Participant First and Last Name**

2-23-14  
**Date**

Matt Ewen  
**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):**

Henry Ewen

**Print Participant First and Last Name**

3-23-14

**Date**

[Signature]

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





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Ava Ewen  
Print Participant First and Last Name

2/23/14  
Date

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



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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):**

Sophia ELVGREW

Print Participant First and Last Name

2/28/14

Date

A handwritten signature in cursive script, appearing to read "Sophia Elvgrew", written over a horizontal line.

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):**

ERIK ELVBREN  
Print Participant First and Last Name

2/28/14  
Date

Erik Elvren  
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):**

CARIN EDWARDS OLL  
Print Participant First and Last Name

3-2-14  
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.

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):**

Anna Ebu-Merdi  
Print Participant First and Last Name

3/2/14  
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.

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):**

Coay Eicher  
Print Participant First and Last Name

3-2-14  
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.

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):**

Sherry Eicher  
Print Participant First and Last Name

3-2-14  
Date

Sherry Eicher  
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):**

Lyla Eicher  
Print Participant First and Last Name

3-2-14  
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):**

ELCHER, MARGOT

**Print Participant First and Last Name**

3/2/2014

**Date**

S. J. [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):**

Lorenzo Ellind

Print Participant First and Last Name

3-28-14

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):**

Susan Elkind  
Print Participant First and Last Name

3-23-14  
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):**

Paw Entoo  
Print Participant First and Last Name

4/6/14  
Date

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

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.

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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):

Brandon Ertel  
Print Participant First and Last Name

April 6, 2014  
Date

Asif  
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):

William Ethwood  
Print Participant First and Last Name

4/27/19  
Date

William Ethwood  
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):**

Courtney Elhart  
Print Participant First and Last Name

4/27/14  
Date

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

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.

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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):**

Rachael Elhart  
Print Participant First and Last Name

4/27/14  
Date

[Signature] L. E. E. E. E.  
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):**

Benjamin Ellwood  
Print Participant First and Last Name

4/27/14  
Date

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

ROLLER SKATING  
Liability Release Waiver Form

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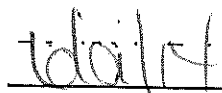
Photo Permission by Parent, Legal Guardian or Legal Custodian: I give the City of Charlottesville, its officials and employees, to photograph or videotape the above-named participant, who is a juvenile, during his or her participation in the Recreation Program. I understand and agree that the participant's 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



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):

Cam London Edwards  
Print Participant First and Last Name

10/11/14  
Date

Cam London Edwards  
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

Date

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

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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):

Hearn Sofia Edoy  
Print Participant First and Last Name

6/22/14  
Date

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

ROLLER SKATING  
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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

Date

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

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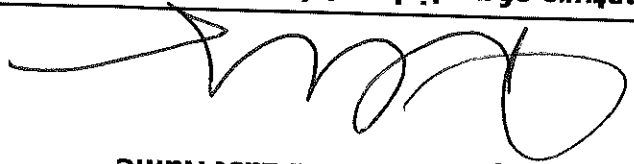
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I have read, and I understand the above Liability Release and Photo Permission.

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):

Shawlee Ernst  
Print Participant First and Last Name

July 18 2014  
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):**

Leo Edelson  
Print Participant First and Last Name

9/28/14  
Date

Leo Edelson  
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):**

Benny Edelson  
Print Participant First and Last Name

9/28/14  
Date

Benny Edelson  
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):**

Carrie Ellwood  
Print Participant First and Last Name

11/7/14  
Date

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



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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):

Stephen English  
Print Participant First and Last Name

12/26/14  
Date

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

CHARLOTTESVILLE



## 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):**

Naomi English  
Print Participant First and Last Name

Dec. 26, 2014  
Date

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

ROLLER SKATING  
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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):

Walhan English  
Print Participant First and Last Name

12/26/14  
Date

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

CHARLOTTESVILLE



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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):**

Craig Elmer

Print Participant First and Last Name

12-26-14

Date

[Signature]

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):**

Maiga Eisenberg  
**Print Participant First and Last Name**

11/9/15  
**Date**

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