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



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#### charlottesville parks () recreation

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# CHARLOTTESVILLE parks antion

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6-25-14

Date



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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William Lowery Print Participant First and Last Name

)	η.	 	
Date			



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A HONATAN (OPC)D2-26-14Print Participant First and Last NameDate



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Phelan Lais

Print Participant First and Last Name

2/23/14 Date

Phylan P. Saist

# CHARLOTTESVILLE parks & recreation

#### **ROLLER SKATING** Liability Release Waiver Form

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**BINGED CONCE** Print Participant First and Last Name

01-28-14 Date

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



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Print Participant First and Last Name

<u>02 - 28 - 14</u> Date



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Print Participant First and Last Name

2-28-14



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Isabella Lin

Print Participant First and Last Name



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Aximug Lin Print Participant First and Last Name

<u>3/1/,4</u> Date

# parks parks frecreation

#### ROLLER SKATING Liability Release Waiver Form

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Print Participant First and Last Name

3-4-14

Date

# CHARLOTTESVILLE parks

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istople Luck Participant First and Last Name

2-9-14

Date



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**Print Participant First and Last Name** 

<u> 3-9 - 14</u> Date

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



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YJUGA Lee

3/9/14

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NEMKIAL1Print Participant First and Last NameDate

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Date Print Participant First and Signature of participant (or Parent, Legal Guardian or Legal Custodian if under 18)
# recreation

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at Jack

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DANA LOFOLAS-1---

**Print Participant First and Last Name** 



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5 30-2019

**Print Participant First and Last Name** 

Date



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-Michele Lamta

10-14/04/2010/----Date

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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):

icipant First and Last Name

Date

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Date Print Participant First and Last Name f, Legal Guardian or Legal Custodian if under 18) 6f participant (or Pare Signature



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Print Participant First and Last Name

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Cio LoMonaco - Kis; Print Participant First and Last Name

9-14-14



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):

Sid LoMonaco-Kiss

Print Participant First and Last Name

9-28-14

Date

Karen Kri



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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Chrispine Lancaster Print Participant First and Last Name

1/16/14

Date



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