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Print Participant First and Last Name

parks recreation

ROLLER SKATING Liability Release Waiver Form

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



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Print Participant First and Last Name

9-14-16

Date



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Franklin He Print Participant First and Last Name

10/4th/2019 Date

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



<u>, 1</u>

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she Parksoni

11/2/14

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Journey Pur



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CHARLOTTESVILLE POITKS () TECTEDION

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):

11/16/19

Date

Print Participant First and Last Name



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mber Parke

Print Participant First and Last Name

Date

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



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12/5/14

Print Participant First and Last Name

Date



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TIMOTHY PERBOW Print Participant First and Last Name

<u>12-18-14</u> Date

Ц.



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iya Pularovell Participant First and Last Name haliba

2/2/2014



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Print Participant First and Last Name

12-29-14

Date