

Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age : \_\_\_\_\_  
Month Day Year Current Age

**9 and UNDER MUST BE ACCOMPANIED BY AN ADULT AT ALL TIMES**

## Emerald Coast Dirt & Vert Registration/ Waiver Sheet

The following document must be **READ AND SIGNED** by anyone who desires to ride Bicycles, Skateboards or In-Line Skates on the premises located at 126 Jet Dr., Ft. Walton Beach, FL 32548:

**Emerald Coast Dirt & Vert and the City of Fort Walton Beach**, related events, activities and all other sanctioned parks and events the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and discipline may reduce this risk, the risk of serious injury to me does exist and
2. **I KNOWINGLY AND FREELY ASSUME ALL SUCH RISK**, both known and unknown, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES** or others and **assume FULL RESPONSIBILITIES** for my participation; and
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If I observe any unusual significant concern in my readiness for participation and/or in the program itself, I will remove myself from participation and bring such to the attention of the nearest official immediately; and
4. I, for myself and on behalf of my/our heirs assigns, personal representatives and next to kin, **HEREBY RELEASE Emerald Coast Dirt And Vert and the City of Fort Walton Beach** its officers, officials, agents and/or employees, other participants, sanctioned events, sanctioned parks, sanctioned organizations, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of the premises used to conduct the event ("**RELEASEES**"), **WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH**, or loss or damage to person or property incident to my involvement or participation in these programs, **WHETHER ARISING FROM THEIR NEGLIGENCE**, to the fullest extent permitted by law.
5. I, for myself and on behalf of my/our heirs, assigns, personal representatives and next to kin. **HEREBY INDEMNIFY AND HOLD HARMLESS** all the above **RELEASEES** from any and all liabilities incident to my involvement or participation in these programs, **EVEN IF ARISING** from their negligence, to the fullest extent of the law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.** I attest physically fit and have been trained for this activity, I also waive and release the use of any photographs or likeness for any reason or purpose. **I WANT TO PARTICIPATE IN THIS HAZARDOUS SPORT!**

**All riders/skaters must wear a buckled HELMET.**

**REGISTRATION IS GOOD FOR ONE YEAR FROM DATE SIGNED**

Signed \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian (if under 18)

Driver's License # or ID # \_\_\_\_\_ St \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Participant of Any Age

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Emergency Contact # \_\_\_\_\_

**Medical Release:** In the event of sudden illness, accident, injury that may occur while **myself / child / ward** above identified, I hereby give permission for emergency medical treatment as shall be necessary under the circumstances by any medical care provider licensed under the laws of the State of Florida.

Parent / Legal Guardian or Participant \_\_\_\_\_ Date \_\_\_\_\_

(If under 18 years of Age)

My **child / I** am allergic to the following medications \_\_\_\_\_