ANDOVER COMMUNITY SKATE PARK

Office Use Only:		
Season pass:	Paid:	
In Computer:		

Andover Youth Services, 37 Bo	,	,	M F		
Participant's Name	Home Phone	Home Phone		Birthdate	School Attending
Mailing Address	State	Zip	Email address		
Mother's/Guardian's Name	Cell			gency, whom shall we cont must have TWO people to	act if a parent/guardian cannot o call upon.
Father's/Guardian's Name	Cell	Telephone	Emergency Nam	e 1	Telephone
Doctor's Name	Tele	ephone	Emergency Nam	ne 2	Telephone
Insurance Provider	Poli	cy#			
in which my child participates and to by any insurance of the Town of Andincludes a field trip or similar activity with said treatment, including transpooriginal of this form will be kept on fin consideration of the services of the acting in any capacity on their behalf behalf of myself, my children, my par 1. I understand there are num conditions and skating sur understand that there may 2. I acknowledge I have beer Initials: 3. I expressly agree and prom participate in spite of the results.	absolve them from any over. I agree to allow note. If I cannot be reached that in the AYS office and the in the AYS office and the in the AYS office and the incollectively referents, my heirs, assigns are our risks and danger face, ramps, bare ground be damage, personal in a given the opportunity onise to accept and assurisks. discharge, indemnify, of the index of t	and all liability arising my child to travel to, and d in a medical emergence cility. To the best of my and if any changes to the landover Youth Service for the as AYS/Town of the personal representative and, banks, boxes, equipmentally or death arising from and have been encourage me all of the risks existing defend, and hold harmles	from my child's partice participate in activitie by, I consent to my child knowledge, I believe to above information neces, their agents, officers of Andover.), I hereby a and estate as follows: of inline skating and skinent, fences, walls, and om my participation in ged by the AYS/Towning in this activity. My	pation in these activities. It is at a separate location IF to d's treatment by a medical he information on this sheds to be made, it is my responsive to release, indemnify ateboarding including but a multitude of other object the sports of skateboarding of Andover inspect the fact participation in this activity andover from any and all classes.	aff and administrators of the AYS program am advised that this activity is not covere he program in which he/she is enrolled doctor and agree to pay all costs associate et to be accurate. I am advised that the consibility to contact the AYS office. employees, and all other persons or entities and discharge, AYS/Town of Andover or not limited to continually changing weather ts including this release. Further, I g, inline skating and scootering. Illities/course PRIOR to signing this release y is purely voluntary, and I elect to aims, suits, costs, and attorney fees for gence, that is, their failure to use reasonable.
care in any way. 5. I understand that inverte 6. I certify that I have adequated damage myself. I further of and bear the costs of – all of the activities of the AYS/I 8. I understand that permission this liability release and compared to the above para	ed aerial maneuvers a te insurance to cover a certify that I have no m risks that may be direct AYS/Town of Andover. Fown of Andover. On to use the Andover of the Andover	are not permitted at the uny injury or damage I medical or physical condition of indirectly, by any er and its sponsors of any Community Skate Park a stand them. I understand amages in the event of p	e Andover Community hay cause or suffer whittions, which could intesuch condition. y pictures (video and put and premises is being good that this is a RELEA! ersonal injury, death, o	v Skate Park. le participating, or else I agree with my safety in this rint) for commercial purportiven to the undersigned passe OF LIABILITY, which	gree to bear the costs of such injury and s activity, or else I am willing to assume – ses, or otherwise, of me in connection with rticipant in exchange for the execution of will legally prevent me or any other perso y and voluntarily enter into this agreement.
all individuals and organizations assis action that may have arisen in the pas participation in the Town of Andover On behalf of myself and my child, I a may have been asserted in the past, or its Youth Services Division. I further affirm that I have read this C voluntary and that my child and I are	f the Town of Andover lso agree to forever rel- sting or participating in t, or may arise in the function 's voluntary programs lso promise, to indemn r may be asserted in the consent and Release Fround free to choose not to participation.	ease the Town of Andov programs of the Youth ature, directly or indirect in the Youth Services Daify, defend and hold har e future, arising directly om and that I understand articipate in said program	ion. /er, and all of their emp Services Division ("the tly, form personal injur ivision. rmless the Releasees ag or indirectly from my of the contents of this Fo ms. By signing this Fo	ployees, agents, officials, be Releasees") from any and ies to my child or property ainst any and all legal clain child's participation in the form. I understand that my orm, I affirm that I have dec	'), a minor, do herby consent to my child's oard members, volunteers and also any and all claims, rights of action and causes of damage resulting from my child's ms and proceedings of any description that Town of Andover's voluntary programs in child's participation in these programs is ided to allow my child to participate in ny child may suffer in these programs.
	fage: As parent/guardalf of a minor, I and thour of said minor's par	e minor agree to be bour rticipation in the activitie	nd by its terms. I herebes or said minor's preso	by agree to indemnify, defe	nd agree that I have read the above release, and and hold harmless the AYS / Town of munity Skate Park premises.
Deint name			D-4- /		