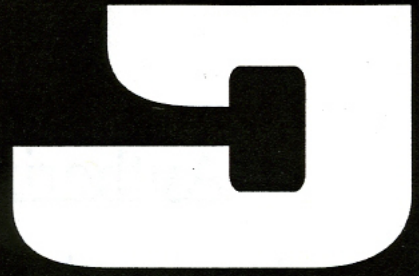


junction
JUNCTION SKATEPARK INC



name

address
street town state

age phone number

emergency phone number

emergency contact person

allergic to any medication

**skate at your own risk!!!
thank you and have fun!**

Authorization, Release and Indemnity

I am the applicant described in this application. The health history attached is correct to the best of my knowledge, and apply to engage in the sport of freestyle gymnastics and stunts on skateboards, rollerblades, and/or similar devices in this skatepark, located at 892 Carew Street, Springfield, Massachusetts (premises) understand that, as in all sports, there is a risk of physical injuries or damage to property arising out of connection with the use of the facilities of the skatepark premises regardless of the cause, causes, or contributing causes of such injury or damage. To this end, I on behalf of myself, hereby release, discharge and covenant to hold harmless the skatepark, the owners of the premises, and all owners and employees of this skatepark from any and all claims, causes of action, actions, demands, costs, loss, and expenses (including reasonable legal fees) which I or any third party, may have, suffer or incur which in any way arise out of or in connection with my use of the premises regardless of the cause, causes, or contributing causes of such injury or damage. Said release, discharge and covenant shall apply to all such cases of action whether arising or prosecuted.

I further promise and covenant (jointly and severally) for myself, individually as the applicant, and my heirs, administrations, and executors not to sue in any name or capacity, (or to impaled in any action) the skatepark, the owners and or employees of the skatepark, owners of the premises and assigns of any of the above for damages or injury to the property or person to myself arising out of connection with my participation in the freestyle activities and stunts at the premises regardless of the cause, causes of such injury or damage.

TO BE SIGNED IN THE PRESENCE OF AN EMPLOYEE OF THE JUNCTION SKATE PARK, INC.

Agreed to and Accepted by:

Applicant Print Name

Applicant Signature

Date _____

Parent or Legal Guardian

Signature

Date _____

Witnessed by:

Junction Skate Park Employee

Date _____