



BUILD AND SKATE YOUR HAPPY PLACE!

SKATE RAMP EVENT FORM FY 2020 - 2021 INJURY WAIVER (READ IN FULL AND FILL IN PARTICIPANT DETAILS BELOW)

WELCOME TO WA SKATE RAMPS EVENTS. BY READING, FILLING IN, AND SIGNING THIS FORM BELOW YOU ARE REGISTERING YOURSELF OR THE PARTICIPANT YOU ARE SIGNING IN TO BE ELIGIBLE TO PARTICIPATE IN ANY WA SKATE RAMPS EVENT UP UNTIL 30TH JUNE 2021.

FOR THE PURPOSE OF THIS DECLARATION, 'WA SKATE RAMPS' MEANS AND INCLUDES WA SKATE RAMPS, ITS MEMBERS AND THEIR RESPECTIVE DIRECTORS, OFFICERS, MEMBERS, SERVANTS, PROGRAM PARTNERS AND/OR AGENTS.

WARNING: SKATEBOARDING ACTIVITIES LIKE ALL SPORTS CAN BE PHYSICALLY DEMANDING AND CAN BE INHERENTLY DANGEROUS AND SERIOUS ACCIDENTS CAN AND DO HAPPEN WHICH MAY RESULT IN ME (THE PARTICIPANT) BEING INJURED. I AGREE THAT I AM PARTICIPATING AT MY OWN RISK AND THAT THE USE OF A HELMET CAN REDUCE THE RISK OF SERIOUS HEAD INJURY. I DECLARE THAT I HAVE VOLUNTARILY READ AND UNDERSTAND THIS WARNING AND ACCEPT AND ASSUME THE INHERENT RISKS IN SKATEBOARDING ACTIVITIES.

EXCLUSION OF LIABILITY: EXCEPT TO THE EXTENT OF THE TRADE PRACTICES ACT 1974 (CTH) OR OTHER LEGISLATION APPLIES, AND CAN NOT BY CONTRACT BE EXCLUDED, I AGREE THAT AS A TERM OF COMPLETING THIS FORM AND BEING ELIGIBLE TO PARTICIPATE IN ANY WA SKATE RAMPS EVENT THAT I ABSOLVE WA SKATE RAMPS AND IT'S PARTNERS FROM ALL LIABILITY ARISING FROM INJURY OR DAMAGES HOWEVER CAUSED (WHETHER FATAL OF OTHERWISE) ARISING OUT OF MY MEMBERSHIP AND/OR PARTICIPATION IN ANY WA SKATE RAMPS AUTHORIZED AND RECOGNISED ACTIVITY IN ANY WAY.

RELEASE: I UNCONDITIONALLY AGREE TO RELEASE AND FOREVER DISCHARGE THE EVENT ORGANISERS (INCLUDING WA SKATE RAMPS, IT'S OFFICERS, EMPLOYEES, CONTRACTORS, AGENTS AND AFFILIATES), OFFICIALS, PROGRAM PARTNERS, SPONSORS AND ANY AFFILIATED GROUP, FROM LIABILITY, LOSS, DAMAGE OR PERSONAL INJURY ARISING FROM OR IN CONNECTION WITH MY WA SKATE RAMPS MEMBERSHIP AND/OR PARTICIPATING IN ANY WA SKATE RAMPS AUTHORISED AND/OR WA SKATE RAMPS RECOGNISED ACTIVITY AND/OR OFFICIAL WA SKATE RAMPS EVENT. BY READING, FILLING IN AND SINGING THIS OFFICIAL WA SKATE RAMPS EVENT & MEMBERSHIP FORM I ACCEPT THAT SKATEBOARDING CAN BE DANGEROUS AND HAS RISK OF INJURY. I ACKNOWLEDGE UNCONDITIONALLY THAT I AM PARTICIPATING AT ALL TIMES AT MY OWN RISK FOR THE DURATION OF THE CURRENT CALENDAR YEAR.

PUBLIC EVENT AND PHOTOS TAKEN : BY SIGNING THIS FORM AS A PARTICIPANT, OR AS A PARENT OR GUARDIAN SIGNING IN A PARTICIPANT UNDER 18 I ACKNOWLEDGE THAT AT ALL WA SKATE RAMPS EVENTS PHOTOS WILL BE TAKEN OF THE EVENT AND OF THE PARTICIPANTS TO BE USED FOR FUTURE PROMOTIONAL AND REPORTING PURPOSES. I ACKNOWLEDGE AND CONSENT TO PHOTOGRAPHS / ELECTRONIC IMAGES BEING TAKEN OF ME AS THE PARTICIPANT OR OF THE PARTICIPANT I AM SIGNING IN WHILE PARTICIPATING IN ALL WA SKATE RAMPS. I ACKNOWLEDGE AND AGREE THAT SUCH PHOTOGRAPHS / ELECTRONIC IMAGES ARE OWNED BY WA SKATE RAMPS AND THAT WA SKATE RAMPS AND ITS PROGRAM PARTNERS MAY USE THE PHOTOGRAPHS FOR PROMOTIONAL AND OTHER PURPOSES WITHOUT MY FURTHER CONSENT. I AGREE THAT MY DETAILS BY WA SKATE RAMPS TO CONTACT ME OF UPCOMING EVENTS & OFFERES AND FOR REPORTING PURPOSES.

AFTER THIS FORM IS PROCESSED THE PARTICIPANT IS ELIGIBLE TO PARTICIPATE IN ANY APPROPRIATE WA SKATE RAMPS EVENT FOR THE FULL FY2020 UNLESS WA SKATE RAMPS STAFF DECIDE OTHERWISE.

REGISTRATION (PARTICIPANTS DETAILS NEEDED TO PARTICIPATE)

TODAY'S DATE: _____ **EVENT LOCATION:** _____

FULL NAME _____ **GENDER (CIRCLE) M / F** _____

DATE OF BIRTH: _____ **AGE:** _____ **SUBURB YOU LIVE IN:** _____

HOW LONG HAVE YOU BEEN REGULARLY SKATEBOARDING FOR? _____ **MOBILE NUMBER:** _____

PLEASE EMAIL ME INFORMATION ON UPCOMING WA SKATE RAMPS EVENTS AND PRODUCT INFO,COMPETITIONS / GIVEAWAYS ETC

YOUR EMAIL HERE: _____

MY FAVOURITE PIZZA IS: _____

PLEASE NOTE: HELMETS ARE MANDATORY FOR AGES 14 & UNDER PARTICIPATING IN ANY WA SKATE RAMPS EVENT. HELMETS ARE ALWAYS RECOMMENDED BUT WA SKATE RAMPS IS NOT RESPONSIBLE FOR ENFORCING HELMETS.

SIGNATURES REQUIRED

PARTICIPANTS OVER 18 - SIGN HERE:

PARTICIPANTS UNDER 18 - PARENT /GUARDIAN OR TEACHER GIVING PERMISSION FOR THE ABOVE MENTIONED CHILD TO PARTICIPATE

SIGN HERE: _____ **NAME:** _____

EMERGENCY CONTACT

NAME: _____ **MOBILE NUMBER:** _____

PLEASE LIST ANY LIFE THREATENING ILLNESSES / ALLERGIES: