

Street Factory Skate Park LTD
CONSENT FORM

All Park users must sign this consent form. For young people under 16 yrs, this form must be completed by parent(s) or guardian(s) and handed into a Street Factory Skate Park Ltd member of staff or volunteer before using the park for the first time.

Skateboarding, BMX, Inline skating, Scootering are all hazardous activities. All members/users are strongly recommended to wear full protective clothing like kneepads, wrist guards and elbow pads. Helmets MUST be worn for ALL activities if under the age of 16.

Street Factory Skate Park Ltd will supervise the park with qualified First Aider and support supervision but it cannot accept any responsibility for accidents which may occur as a result of the activities of Skateboarding, BMX riding, In-line skating and Scootering .

Rules/Terms and Conditions, to be observed by participants, as sign-posted at front entrance.

By signing below, I agree that: I have read the Terms and conditions and rules (available on a separate sheet), and understand and accept that I am/my child is using the facilities entirely at my/her/his own risk, and, when less than 16 years old, with a parent's/guardian's knowledge. In accepting this risk I agree to waive any legal entitlement to claim against Street Factory Skate Park Ltd, its staff or volunteers, for injury or loss or damage to personal property, unless caused by negligence of Street Factory Skate Park Ltd.

May Street Factory Skate Park Ltd use any film footage or photographs taken of you/your child be used either for publicity or displayed at the park or for advertising purposes? YES|NO

Do you give permission for you/your child to receive any first aid/medical assistance necessary in case of accident? YES / NO

Does your child have any medical conditions e.g. epilepsy, asthma, etc that we should know about in the event of an accident?

Please include any allergies which could affect treatment or any reason why you should not be doing Physical activity.

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Does your child receive or require extra support to take part? Eg .may be sensory/ behavioural need.
If yes please give
Details.
.....

Participant's Name (Print clearly) **DOB**

Signature (if 16yrs or over)

Parent/Guardian

Signature..... **Print name**.....

Email May we contact you about offers and updates?
Yes/no Your details will not be passed to a third party.

Address

.....
..... **Post Code**.....

Participant's Next of Kin Telephone Numbers (Essential)

Home Work Mobile
Email

Staff use

Check numbers By..... Members Number.....