



Indemnification and Waiver Form

Participant First Name:	Lasi	t Name:	
Address:	City:	State:	Zip:
Home Phone:	Work Phone:	Cell Phone:	
Email:		Date of	Birth:
Emergency Contact Name:		Relation to Participant:	
Emergency Contact Phone:		<u></u>	
Please indicate any medical issues, allergion of the complete include environmental; medical continuities in programs or activities (eg. visual schedo)	onditions; or medications that we shou	uld be aware of) and/or any accommodan, assistance with transitions, etc)	dations needed for successfu
Please read and sign the	following:		
I, the undersigned Participant, agree to defend hereinafter as "City") from and against any an damage, arising, in whole or in part, directly of activities at the Lake Cunningham Skate Park against City in which Participant is defending shall not be unreasonably withheld. I further agree to release City from any and al	and all claims, demands, causes of action indirectly, from my entry onto the conditions, except as may arise from the gross of City, City shall have the right to approximate the conditions of	ion, or liabilities for damages, personal Lake Cunningham Skate Park or from negligence or willful misconduct of Coprove legal counsel providing City's control of Coprove legal counsel providing City's control of Coproversity (City's Coproversity).	al injury, death or property in my participation in City. In any action or claim defense and such approval
of the Skate Park, except as may be caused by Regulations and acknowledge having received Skate Park or equipment, which is caused by hazardous recreational activities and may subjudetermining whether my skill level is sufficient	y the City's gross negligence or willfi d a copy thereof. Further, I agree tha my activities. I understand that skate ject me to risk of injury or death. I fu	ul misconduct. I agree to abide by the at I will be held financially responsible boarding, rollerblading, bmx biking arther understand that the City is not reasons.	e Skate Park Rules and e for any damage to the and similar activities are esponsible in any way for
I understand that the City of San Jose or San J participating at the Lake Cunningham Skate P videotape of me for the purpose of promoting permission with the following understanding: likeness.	Park. I give my permission for the Cit the City of San Jose and San Jose R	ty and San Jose Redevelopment Agen edevelopment Agency and their servi	cy to use photographs or ces/programs. I give my
HAVE READ THE ABOVE AGREEMENT the Participant is either under 18 years old or otherw			
Parent or Guardian of Participar	nt Under 18 years:		
rint Name:	Signature:		Date:
articipant Age 18 or above:			
rint Name:	Signature:		Date: