

## Livingston Recreation Department Roller Skating Liability Waiver

**By signing this document you may be waiving your legal right to a jury trial to hold the provider legally responsible for any injuries or damages resulting from risks inherent in the sport or recreational opportunity or for any injuries or damages you may suffer due to the provider's ordinary negligence that are the result of the provider's failure to exercise reasonable care.**

Participant acknowledges that roller skating involves certain risks, dangers, and hazards that may result in serious personal injury. The use of roller skating equipment may also result in serious personal injury. The skater and the skater's parent or legal guardian (if the skater is under 18) accept and assume all risk of injury, including but not limited to any injury caused by the ordinary negligence of the Livingston Recreation Department and/or the City of Livingston or their respective members, officials, officers, agents, and employees, while using the City of Livingston Recreation Department skating facility. This includes, but is not limited to, injury to the skater and any other person. All skaters must adhere to the Rules and Regulations of this program.

At all times, the skater and skater's parent or legal guardian (if the skater is under 18) are fully responsible for personal injury and property damage caused by the skater, and the skater or the skater's parent or legal guardian shall defend and hold harmless the Livingston Recreation Department, the City of Livingston, and their respective members, officials, officers, agents, and employees for any and all claims, demands, and causes of action asserted against them arising from the skater's use of the roller skating facility and entry upon the premises. Skaters, parents, and guardians understand that skating programs may be provided by independent parties.

### **I HAVE READ AND FULLY UNDERSTAND MY RESPONSIBILITIES AND LIABILITY WITH REGARD TO PARTICIPATION IN THE CITY OF LIVINGSTON RECREATION DEPARTMENT ROLLER SKATING FACILITY.**

First & Last Name: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Additional Family Member: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Additional Family Member: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Additional Family Member: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Additional Family Member: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Please list any Medical concerns or Allergies: \_\_\_\_\_

If more space is needed please provide additional family names/D.O.B. on the back

**Emergency Medical Release:** Permission is granted for emergency medical treatment if needed.

**Late policy:** Please make every effort to pick your child up on time. You jeopardize your child's ability to attend Roller Skating by not picking him/her up at the designated closing time.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This waiver will be on file for one year. Please advise management of any changes in the information provided.