## Tosa Skateboarders United, Inc. WAIVER FORM for TosaFest, Sept 6, 2014 2-6pm Parking lot across river from Chancery (Hart's Mills Lot)

Requires signatures in all three places !! Look for ▶'s.

This form **MUST** be signed by parent/guardian for anyone under 18 years old.

Acknowledgement of Risk:

I understand that participation in skateboarding/rollerblading/BMX biking includes the risk of bodily injury, including but not limited to: serious permanent injury and death. I further understand that such injuries may occur in the absence of negligence. To minimize the risk of bodily injury, I agree to obey all safety rules, wear a protective helmet securely fastened, and to report fully any problems related to my physical condition to appropriate adults and to **follow all the rules** during the demo/ramp jam. **My signature below indicates** that I am aware of the risks of injury inherent in athletic participation and that such risks may include DEATH, PERMANENT PARALYSIS, AND OTHER SERIOUS PERMANENT BODILY INJURY.

I acknowledge that I am participating in these activities voluntarily. I understand my obligations as set forth in this document, and agree to meet these obligations as a condition of my participation in this demo/ramp jam.

Sport:	Print Name:	Date:
➤ Youth Signature	Date of Birth:	Email
Parent / Guardian Si	ignature( <b>if under age 18</b> )	
in athletic activity. I further paralysis, or permanent be participating in the demo/ragainst TSU, Inc., TosaFe or in conjunction with athle Wauwatosa is under no ob-	ealth and do not have a history of any injury or ill understand the inherent risk involved in participability injury. I have read the above statements an amp jam. I hereby waive any and all medical clasts and the City of Wauwatosa, or any of its empletic participation in this demo/ramp jam. I further	Iness that could endanger my safety during my participation ation in athletic activity that includes death, permanent d I am willing to assume full responsibility for the risks while ims, cause of action, rights of entitlement, suits or damages oyees, contracted agents or representatives, as a result of understand and acknowledge that TSU, nor the City of injury and that any bills for medical services required as a of my family and me.
► Youth Signature:		Date:
Parent / Guardian Si	ignature( <b>if under age 18</b> )	
rollerblading or BMX biking injury that would prevent in have no history of syncope in good health and there is	ne care of a physician for an injury or illness that g on obstacles at this Demo/ramp jam. I am not my safe participation in skateboarding, rollerbladie (fainting) or other medical problems related to per no reason why I cannot safely participate in stre	would prevent my safe participation in skateboarding, currently being treated for or recovering from an orthopedicing or BMX biking on obstacles at this Demo/ramp jam. I coarticipation in strenuous physical activity or exercise. I amenuous physical activity or exercise. I have not been advise use to a medical condition or previous bodily injury.
➤ Youth Signature:		Date:
Parent / Guardian Si	ignature( <b>if under age18</b> )	
Contact numbers of p	parent/guardian during the times of Demo	o/Ramp Jam
Contact person	Relationship to athlete	Phone (must be avail)
		y be photographed for print, videotaped, or als, news releases, and other formats, including
I give permission for th website .	nese images to be used in promotional mate	erials, news releases and other formats, including
I DO NOT give permissi	ion to be photographed, videotaped or oth	nerwise electronically imaged