

## ROLLER SKATING LIABILITY WAIVER AND RELEASE OF LIABILITY

Participant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

Emergency Contact Name & Phone: \_\_\_\_\_

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### 1. Acknowledgment of Risk

I understand that roller skating involves inherent risks, including but not limited to falls, collisions, equipment failure, and other hazards that may result in serious injury, permanent disability, or death. I voluntarily choose to participate despite these risks.

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### 2. Assumption of Responsibility

I certify that I am physically able to participate in roller skating activities and will follow all safety rules and instructions. I agree to wear appropriate safety gear as recommended.

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### 3. Release of Liability

In consideration of being allowed to participate, I hereby release, waive, and discharge \_\_\_\_\_ (Four Seasons Complex) and its owners, employees, volunteers, and affiliates from any and all liability, claims, demands, or causes of action arising out of or related to any injury, damage, or loss that may occur during participation.

### 4. Acknowledgment and Signature

I have read this waiver, fully understand its terms, and sign it freely and voluntarily.

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Parent/Guardian Consent (if under 18):

I, \_\_\_\_\_, am the parent/guardian of the above participant and consent to their participation. I agree to all terms stated in this waiver.

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

**Date:** \_\_\_\_\_