

# RAMP AGE RAMP PARK WAIVER & RELEASE FORM

Waiver Expiration Date:

Participant's Name: \_\_\_\_\_

Emergency Contact Name and Number: \_\_\_\_\_

IF YOU ARE UNDER 18 YOUR PARENT OR LEGAL GAURDIAN MUST SIGN THIS WAIVER  
PARTICIPANT RELEASE OF LIABILITY- READ BEOFRE SIGNING

In consideration of being allowed to participate in the RAMPPARK program for (initial the following):

RAMP AGE RAMPPARK, related events activities, and all other sanctioned park and events the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in these programs is significant, including potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury to me does exist; and, \_\_\_\_\_
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISK, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation. I WAIVE ALL CALIMS FOR DAMAGES, INJURIES AND DEATH SUSTAINED TO ME OR MY PROPERTY; and, \_\_\_\_\_
3. I willingly agree to comply with the stated and customary terms and conditions for my participation. If I observe any unusual significant concern in my readiness for participation and/or in the program itself, I will remove myself from participation and bring such attention to the nearest official immediately; and, \_\_\_\_\_
4. I, for myself and the behalf of my/our heirs, assigns, and personal representatives and next of kin, HEREBY RELEASE: RAMP AGE RAMP PARK its officers, officials, agents, and/or employees, other participants, sanctioned events, sanctioned parks, sanctioned organizations, sponsoring agencies, sponsors, advertisers, and if applicable, owner and leasers of premises used to conduct the event ("Releasees"), WITH THE RESPECT TO ANY AND ALL INJURY, AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my involvement or participation in these programs, WHETHER ARISING FROM NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law. \_\_\_\_\_
5. I, for myself and on the behalf of my/our heirs, assign, personal representatives and next of kin, HERBY WAIVE AND RELEASE, INDEMNIFY, HOLD HARMLESS AND FOREVER DISCHARGE all the above Releasees from ANY and ALL liability incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent of the law. \_\_\_\_\_

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. I attest that I am physically fit and have been trained for this activity. I also waive and release the use of my photograph or likeness for any reason or purpose. I WANT TO PARTICIPATE IN THIS HAZARDOUS SPORT.

X \_\_\_\_\_  
Participants Signature Date Signed Date of Birth

Address: \_\_\_\_\_ apt# \_\_\_\_\_ email \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ phone: \_\_\_\_\_

\*\*\*IF PARTICIPANT IS UNDER 18 YEARS OF AGE

X \_\_\_\_\_  
Parent or Legal Guardian Date Signed Relationship

MEDICAL RELEASE: In the event that I cannot be reached in an emergency, I hereby give permission to any licensed physician, surgeon, clinic, or hospital to secure proper treatment, and to order anesthesia, for my child/myself as named above.

My child/I am allergic to the following medications \_\_\_\_\_

DOCTOR TO BE NOTIFIED IN EMERGENCY \_\_\_\_\_

\*\*\*Please note that in case of an emergency 911 will be called\*\*\*

Legal Guardian/ Parent or + 18 yr. participant signature X \_\_\_\_\_

WTNESS SIGNATURE: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_

SIGNATURE MUST BE NOTARIZED UNLESS WITNESSED BY A PRINCIPAL OF  
RAMP AGE RAMP PARK

form of ID: \_\_\_\_\_ (for Staff use only)

Additional  
Emergency  
Numbers