



Member No. \_\_\_\_\_

Date \_\_\_\_\_

|                |                |
|----------------|----------------|
| name _____     | nickname _____ |
| Birthday _____ | School _____   |

## Rider info

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

*Sport (circle one)*

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

**BMX    Skate**

Who's in your Crew? \_\_\_\_\_

**Inline    Razor**

How did you here about us? \_\_\_\_\_

**if under 18 yrs old parent / guardian**

Mom \_\_\_\_\_ Dad \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ E-mail \_\_\_\_\_

Pictures And video of ShowTime Indoor Skate Park are taken randomly. If you do not wish for your child to be in any pictures please mark the box below.

\_\_\_\_\_ Yes I will allow pictures and video to be taken of my child in ShowTime Indoor Skate Park

\_\_\_\_\_ No, I will not allow any pictures and/or video of my child in ShowTime Indoor Skate Park  
( your child will be provided with a reflective vest to prevent the usage of that video/photo)



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\_\_\_\_\_ I agree to indemnify, hold harmless and defend ShowTime indoor Skate Park Inc., Wigwam Jones Industrial Park (landlord) and their agents servants, employees, officers, directors, trustees and all other persons or entities acting on their behalf, from any and all claims, actions, damages, liability, costs or expenses and attorney fees of nay spectator, other member or third party in connection with or arising out of my involvement or participation in any activity at ShowTime indoor Skate Park Inc.

\_\_\_\_\_ I give my consent and permission to ShowTime indoor Skate Park Inc. to obtain on my behalf of my minor child or myself any emergency medical treatment in case of sickness, accident or injury and to secure such medical attention at my expense.

\_\_\_\_\_ I agree that this Agreement shall apply to my participating in any and all ShowTime Indoor Skate Park Inc. activities and programs, including but not limited to, open skating, skateboarding, other roller sport activities, practice sessions, instructional sessions, competitions and activities directed by any representative of ShowTime indoor skate park, including viewing or spectating of any of the aforementioned activities. This Agreement shall cover all of the aforementioned activities regardless of whether the activities are conducted inside the building, outside the building or at any other location where activities sponsored by ShowTime indoor skate park may take place.

\_\_\_\_\_ This Agreement shall be effective and binding upon my heirs, agents, personal representatives and assigns. I hereby certify that I am over 18 years of age. I have carefully read the foregoing and acknowledge that I understand and agree to all of the above terms and conditions. I have had the opportunity to ask any and all questions regarding this agreement and the effect of the same. I am aware that by signing this Agreement, I assume all risks and waive and release certain substantial rights that I may have or possess.

|  |                      |
|--|----------------------|
| Member's Name _____                              | Parent's Name _____  |
| Address _____                                    | City _____ Zip _____ |
| Date of Birth _____                              | e-mail _____         |
| Emergency Contact _____                          | Phone _____          |
| Member's or Parents drivers license number _____ |                      |
| Member's Signature _____                         |                      |
| Parent's Signature _____                         |                      |
| Was a copy of the drivers license obtained?      | Yes _____ No _____   |