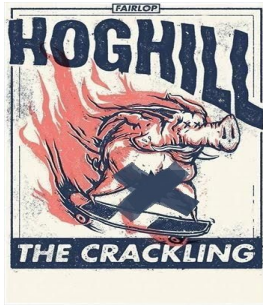


## UKSSA/ DAS Waiver and Parental Consent Form



### Waiver/disclaimer

"Participants in this event acknowledge that skateboarding is a potentially hazardous activity. By receiving this waiver recipients acknowledge that they should not participate in the event unless they are medically able and properly trained. Each participant assumes all risks associated with skateboarding, including but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity, the conditions of the track surface, impacts associated with poor lighting, and all such risks being known, or which should be known, and appreciated by each participant.

Having read this Waiver and knowing these facts and in consideration of your participation in the training program, you for yourself and anyone entitled to act on your behalf, waive and release the event organisers (DAS Industries LTD, the UKSSA) sponsors, their representatives and their successors; and all participants acting in an organizational or leadership role from all claims and liabilities of any kind arising out of your participation in these activities even though that liability may arise out of negligence or carelessness on your part.

You agree that any photo/video taken of you can be used as promotional material for both future events as well as reviews etc relating to any events run by the event organisers (DAS Industries LTD, the UKSSA)"

**Rider Name:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

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



**Under 18's only:** To be allowed to skate at the event, please get a parent/guardian or acting guardian to complete the following, sign and bring with you to the event:

**Name of Child** .....

Date of Birth .....

**Parent/ Guardian** .....

Address:

.....

..... Postcode

.....

Tel (day): ..... Tel (evening): .....

Mobile: ..... e-mail: .....

**Family Doctor** ..... Doctor's Tel No .....

Does your child suffer from any medical conditions/allergies that the club/ coach should be aware of (including any current medication) .....

.....

.....

Please provide details of medication that must be administered: .....

.....

.....

**Emergency contact details:** (If different from above)

Name: ..... Telephone no: .....

Relationship to child: .....

**CONSENT** (please read carefully)

1. I agree to the above named child taking part in the activities during the event, and that both I and they understand and agree to the Waiver, and that they agree to abide by rules as laid down by the venues.
2. I confirm to the best of my knowledge that the above named does not suffer from any medical condition other than those listed above.

Signed ..... (Parent/ Guardian)

Date: .....