

Urban Extreme Skate Park Barrow

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PARTICIPANT DETAILS										
Forename									Surname	
Address						•			Home phone (inc. code)	
Mobile Mo									Age:	
Discipline	BMX/Scooter/Skateboard Inline (delete applicable)								Date of Birth:	
EMERGENCY CONTACT										
Emergency contact Name									Emergency phone No	
MEDICAL INFORMATION/EXISTING INJURIES										
We accept no liability should you fail to inform us of any existing medical conditions If you are under 16 a parent or guardian must sign this document.										
DECLARATION										
ailments/ I accept the instruction and accept the lam response. Acknowledgement	re of the 'medical he risks in sgiven hese actions ible for the formal before the contractions of the contractions in the contractions is the contractions in the contractions is the contractions in the contractions is the contraction of the contraction is the contraction of the contraction is the contraction of the contraction of the contraction is the contraction of the	risks condi nvolv to mo vities or my	itions ed in e by a are d own	whi usin me lang acti	ch m g Ur mbe erou ons	nay rbar er o us a and	put n Ex of Url and c d/or	me trem ban can r invo	at risk whilst using the par ne Skate Park and for my o Extreme staff. result in injury and/or deat olvement.	wn safety I agree to follow all
 It is recon 	 It is recommended that ALL participants wear satisfactory safety equipment including helmets, wrist and 									

- elbow guards and knee pads. The use of Hire equipment is taken at my own risk.
- We recommend that all participants under 12 wear helmets. However, it is recommended to all ages.
- All scooters & bikes must have bar ends. Scooter pegs/bmx pegs must be removed before entrance to park.
- NO folding scooters or stabilisers on bikes under any circumstances
- Anyone who is visibly intoxicated or under the influence of alcohol shall not be permitted to participate and may be asked to leave.
- Alcohol & Smoking is not permitted on Urban Extreme Skate Park premises.
- OUTDOOR pump track Under 16 must wear a helmet.
- Spectators must not enter the ramp area. (Only allowed on under 12 session)
- I am aware that recording may take place in these facilities due to the nature of the sport.

Acknowledgement of Suitability

- I am fit to participate.
- I have declared any existing medical injuries and medical conditions to Urban Extreme Skate Park.
- I give permission for medical for medical assistance to be administered in the case of an accident or an emergency.

Signed / Parent	Date:		
Print name of parent guardian if under 16:			