

## DECLARATION OF FITNESS TO PARTICIPATE IN SKATE PARK ACTIVITIES

I hereby declare that I am physically fit: I do not, and have not, suffered from any of the following conditions, which I understand may lead to a dangerous situation with regard to other persons or myself during Skate Park Activities, including but not limited to skateboarding, inline skating or BMX riding:

Epilepsy, fits, severe head injury, recurrent blackouts or giddiness, disease of the brain or nervous system, high blood pressure, lung or heart disease, recurrent weakness or dislocation of any limb, diabetes, mental illness, recent back injury, arthritis and severe joint sprains, chronic bronchitis, asthma, rheumatic fever, thyroid adrenal or other glandular disorder, recent blood donation or any condition that requires the regular use of drugs.

I hereby declare that I have no physical or mental condition that should preclude me from participating in my chosen activity, that I am not participating against medical advice or treatment and that I have not been diagnosed by a registered doctor as having a terminal illness.

I further declare that in the event that I feel ill or unwell, have any physical complaints whatsoever or if an injury is sustained of any kind during the course of Skate Park Activities, I will notify the senior Park Employee on duty immediately and before leaving the premises.

**I have read the above Declarations, understand them, and I agree to be bound by them.**

S/		
Signature of Adult Participant	Name of Adult Participant (Please Print)	Date
Address of Adult Participant		Contact No#

S/		
Signature of Parent or Guardian if Participant is a Minor, and by their signature, they on my behalf release all claims that both they and I have	Name of Parent or Guardian (Please Print)	Date
Address of Parent or Guardian		Contact No#

Name of Minor (Please Print)	Date

\*\*\*\*\*  
 If you cannot sign the above declaration because of any of the above conditions, you must notify management immediately prior to entering the skate area.  
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**Attention of the Authorised Insured Only    (Counter-Sign upon full and correct completion)**

S/		
Counter-Signature of Authorised Insured	Name of Authorised Insured (Please Print)	Date