

TOWN OF LENOX SKATEPARK  
230 SOUTH PETERBORO  
1-(315)-697-8106  
1-(315)-697-7547

Canastota, NY 13032  
web site: lenoxny.com

**TOWN OF LENOX SKATEPARK**

**WAIVER AND RELEASE OF LIABILITY**

**READ BEFORE SIGNING**

In consideration of being allowed to participate in any way in the **TOWN OF LENOX SKATEPARK** or related events and activities, I \_\_\_\_\_

(Name of Participant)

The undersigned acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis or even death. While particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does still exist.

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others and assume full responsibility for my participation.

3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe an unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such attention to the nearest official immediately.

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE AND HOLD HARMLESS the TOWN OF LENOX**, its officers, officials, agents and/or employees, participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premise used to conduct the event, **WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or even loss or damage to personal belongings, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.**

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, AND FULLY UNDERSTAND ITS TERMS. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

**X** \_\_\_\_\_ AGE: \_\_\_\_\_ DATE SIGNED \_\_\_\_\_  
*PARTICIPANT'S SIGNATURE and ADDRESS and Email*

Address \_\_\_\_\_ Email \_\_\_\_\_

**FOR PARTICIPANTS OF MINORITY AGE  
(UNDER AGE 18 AT THE TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all Releases and for myself, my heirs, assigns, and next of kin. I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in this organization as provided above. **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES**, to the fullest extent permitted by law.

**TOWN OF LENOX SKATEPARK**  
**230 SOUTH PETERBORO**  
**1-(315)-697-8106**  
**1-(315)-697-7547**

**Canastota, NY 13032**  
**web site: lenoxny.com**

**X**

\_\_\_\_\_ *PARENT/GUARDIAN'S SIGNATURE*

\_\_\_\_\_ *EMERGENCY PHONE #*

Date Signed: \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_