



WAIVER & MEDICAL RELEASE

PART 1 OF 2 | PLEASE PRINT CLEARLY

PARTICIPANT DETAILS

Name: _____

Age: _____ Birth Date: Year _____ Month _____ Day _____

Address: _____

Postal Code: _____ Home Phone: _____

Cell Phone (optional): _____

Email (optional): _____

Parent/Guardian Name: (For under 18's only)

Does the participant have any severe or life-threatening allergies?
 NO YES Please explain: _____

Is the participant bringing any medication?
 NO YES Please explain: _____

Does the participant have any physical, emotional, mental or behavioral concerns or limitations that our staff should be aware of?
 NO YES Please explain: _____

Please note if the participant has had any of the following within the last 3 months:

- | | | | |
|---------------|-----------|---------------------|-------------|
| Appendicitis | Epilepsy | Seasonal Allergies | Mumps |
| Asthma | Diabetes | Severe Stomach Ache | Tonsillitis |
| Chicken Pox | Fainting | Measles – Red | Sinusitis |
| Ear infection | Hepatitis | Measles - German | Other _____ |

Date of last tetanus shot: _____

EMERGENCY CONTACT DETAILS

Emergency Contact Name: _____

Phone: _____ Cell Phone: _____

Relationship to Participant: _____ (parent, family friend, etc.)

Please read and sign below:

I understand that photos/video that include the participant may be published on Revert Skatepark or Gateway Church social media and/or website, and that Gateway Church is not responsible for photos/video taken by volunteers or other participants.

Precautions are taken for the safety and health of the participant, but in the event of accident or illness, Gateway Church, its staff, and its volunteers are hereby released from any liability.

In the event that the participant requires special medication, x-rays or treatment, the parents/guardians will be notified immediately.

In case of surgical emergency, I hereby give permissions to the physician selected by Gateway Church to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child, or myself as named above.

Note: Provincial Health Insurance or equivalent medical insurance must cover your child.

Under 18?

Parent/Guardian Signature: _____

18 & Over?

Participant Signature: _____

Date: _____

Note: This form is valid for one year and is a permanent record. It will be kept on file at Gateway Church. All information will be kept confidential.

REVERT SKATEPARK

www.revertskatepark.com

Owned & operated by:

GATEWAY CHURCH

890 Sarnia Road

London ON N6H 5K1

519-473-2804

www.wearegateway.ca



WAIVER & MEDICAL RELEASE

PART 2 OF 2 | PLEASE READ CAREFULLY

I understand:

1. That there are inherent dangers in any recreational activity or program.
2. That I must be aware of the hazards associated with each activity, such as use of equipment, slips and falls, personal level of fitness, training, and various athletic injuries related to this activity.
3. I must read and understand all written material which has been provided by Gateway Church Skate Park; the rules and regulations for each activity, as explained in any written materials and/or explained by staff.
4. That the possible consequences of participating in these activities include the possibility of serious injury.

I agree:

1. To obey the rules and regulations for each activity and to follow the directions of the staff.
2. To inform a staff member of any dangerous or potentially hazardous situation that I may observe.
3. That if I do not understand how an activity is performed or how a piece of equipment is to be used, I will ask a staff member prior to beginning the activity.
4. To inform a staff member if I have any problems meeting the physical requirements necessary for participation in any activities.

I am aware that while participating in a recreation activity or program arranged by Gateway Church Skate Park, certain risks and dangers may be present, including but not limited to those generally associated with certain activities, the hazards or traveling the public roads, of accidents, illness, and of forces of nature.

I agree to release Gateway Church, London – Inc., and to indemnify and defend Gateway Church and hold it harmless from and against any and all claims, suits, damages, liabilities and expenses, including attorney’s fees and the Church’s cost of defence, in connection with loss of life, personal or bodily injury and/or damage to or loss of property that arises from the participation of _____ in Gateway Church’s Revert Skatepark, except to the
(Print participant’s name clearly)

extent that such loss, injury or damage is occasioned by the negligent act or omission of Gateway Church, its officers, agents or employees and no negligence on the part of the Participant.

I have read and understand the Behaviour Protocol set forth by Revert Skatepark, which is owned and operated by Gateway Church, London – Inc.

Participant Signature: _____ (All ages are required to read & sign.)

Signature of Parent/Guardian: _____ (For participants under 18 years of age.)

Date: _____



PARK RULES & BEHAVIOUR PROTOCOL

Rules:

- \$5 per visit or \$50 annual fee during regular park hours OR registration & payment for week-long Skate Camps.
- Completed & signed permission forms/waivers required from all participants, at first visit of each calendar year.
- Photo ID is required at each visit for skaters with an annual pass (Driver's license & student cards accepted)
- Helmets are required to be worn by all skaters. Other safety gear is encouraged (wrist guards, knee pads etc.)
- Shirts are required to ride in the park
- Skaters will be expected to cooperate with staff, share the park with other skaters, and respect each other.
- Skateboarding is only allowed in the skate park area.
- Skateboards must be left in auditorium while participants are using the washrooms.
- All areas of the facility, outside of the auditorium and washrooms are off limits.
- Observers/guests must remain in designated areas.

Prohibited:

- Abusive language
- Alcoholic or intoxicating beverages
- Drugs or controlled substances
- Food, chewing gum inside the park
- Fighting
- Glass containers
- Graffiti or stickers
- Horseplay/shoving
- Littering
- Makeshift ramps, boxes, rails, or other homemade obstacles or modifications to existing skate park equipment
- Personal boom-boxes
- Pets
- Recklessness
- Smoking/chewing tobacco
- Weapons

When rules are broken or behaviour is considered unsafe, either to the participant themselves or to other participants, staff, volunteers or observers:

1. Participant will be approached by staff and given a verbal warning.
2. If behaviour continues, participant will be asked to clean up any damage caused and asked to leave the park. If the participant is under the age of 18, parents/guardian will be notified to come and pick up the participant and their actions will be explained.
3. If illegal actions take place or illegal substances are found, the police will be notified and if the participant is under the age of 18 parents/guardian will also be notified.
4. Depending on the severity of the offense, or the repetition of offences, seasonal or annual suspension from the park may be put in place. This will be at the sole discretion of the skate park director.
5. All offenses will be documented with a written Incident Report.

Emergency numbers:

- London Police: 519-661-5670
- London Police emergency: 911
- St. John's ambulance: 519-432-1352
- Poison control: 1-800-268-9017

REVERT

INDOOR SKATEPARK

