

**SKATEBOARDER, SCOOTERER, AND INLINE SKATER
ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY**



Town of Ocean City Recreation and Parks Department
200 125th Street, Ocean City, Maryland 21842

Ocean Bowl Skate Park
3rd Street and St. Louis Avenue
Ocean City, Maryland 21842
410-289-BOWL (2695)

MINOR FORM

PARTICIPANT'S NAME:

PARTICIPANT'S AGE: _____ **PARTICIPANT'S BIRTHDATE:** _____

I hereby certify that I am the adult parent/guardian of _____, a minor child, who is under the age of eighteen years, and I consent to his/her use of the Ocean Bowl Skate Park to skateboard, scooter, skate or engage in any activity on the premises.

Both myself and my child are duly aware of the risks and hazards inherent upon entering the Ocean Bowl Skate Park premises and/or in participating in skateboarding, scootering, and inline skate activities at the subject premises, and knowing the present condition of the facilities and knowing that said condition may become hazardous or dangerous, or more dangerous during the time that the participant is on the premises, willing uses said premises. Use of the Ocean Bowl Skate Park and premises is at our own risk. I understand and acknowledge that I am fully aware of and assume the risks (including, but not limited to the risk of serious bodily injury, illness, death, property loss or damage) of my minor child's activities while in, on, near or upon premises of the Ocean Bowl Skate Park.

IN CONSIDERATION of receiving permission from the Mayor and City Council of Ocean City, Maryland (hereinafter referred to as the City), to enter upon the Ocean Bowl Skate Park premises and use the facility, I, my spouse, my child and my/our agents, successors, personal representatives, assigns, heirs and next of kin, hereby expressly agree to indemnify, defend and hold Ocean City, its officials, officers, agents, employees, volunteers and representatives harmless from, for and against, any and all liabilities, claims, suits, demands, judgments, causes of action of any kind (at law or at equity), losses, damages, costs or charges (including attorneys' fees), related directly or indirectly to my child's use of the facility known as the Ocean Bowl Skate Park, including any and all injuries and illness to my child.

I, and my spouse, covenant not to sue, and release, waive and discharge the City, its departments, officials, officers, agents, employees, volunteers and representatives, all of whom for the purpose of this Release are referred to as Releasees, from all liability to myself and my child, and my/our agents, successors, personal representatives, assigns, heirs and next of kin, for any and all loss or damage on account of injury to my child's person or property, whether caused by the negligence of the Releasees or otherwise, while using the Ocean Bowl Skate Park and while on Town of Ocean City property. I agree that the foregoing Release is intended to be as broad and inclusive as is permitted by the laws of the State of Maryland, and that if any portion of it is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

By signing the foregoing Assumption of Risk, Waiver and Release of Liability I express my understanding and intent to execute this document willingly and voluntarily and additionally I acknowledge and represent that the age as stated above is his/her correct age.

Parent or Guardian Name (please print):

Parent or Guardian Signature:

Address:

City, State and Zip Code: _____ **Cell Phone:** _____

Email Address:

Town of Ocean City Resident: YES or NO (please circle)

Ocean City Property Address:

Emergency Contact Name: _____ **Cell Phone:** _____

MEDICAL AUTHORIZATION

I, _____, give permission to the
(PLEASE PRINT YOUR NAME HERE)

Ocean City Recreation and Parks Department's staff to act on my behalf in caring for my child should an emergency arise. In addition, I give permission, in case of injury, to take my child to a medical facility or hospital for treatment, to include evaluation of injuries, x-rays, and other needed care. I do understand that the Recreation Department will make every effort to contact me prior to authorizing transportation or medical attention on my behalf, however, I may not be reachable. I hereby release the Mayor and City Council of Ocean City and its officials, officers, agents, employees, volunteers and representatives from any liability in connection with the authorization granted herein.

Signature of Parent or Guardian

Date

It should be noted that the medical facility or hospital may elect not to treat your child unless you, as a parent or guardian, are present. The Ocean City Recreation and Parks Department suggests that each parent contact the appropriate hospital and/or physician and arrange for treatment authorization in emergency situations.

REMINDER: This form must be completed every year.