

En Route Skateboarding

All participants must sign this Consent Form & Liability Waiver to be eligible to participate in any sports related activities with En Route Skateboarding.

I hereby grant permission for my child/s to participate in various programs or activities operated by En Route Skateboarding. I understand and acknowledge that a participant may incur personal or bodily harm while participating in skateboarding. By signing this agreement, I assume all risks inherent in these activities and accept full responsibility for any and all damages or injuries of any kind; but I am also aware that professional care and supervision will be exercised by the adult coaching to provide for the general well-being of my child. I further acknowledge placing my trust in my child to adhere to proper standards of conduct and to follow the rules set forth by the Coach in charge of the activity. I understand and assume the risks described above and those inherent with such activities, and I individually, on behalf of my child/s, do hereby release, discharge and covenant not to sue En Route Skateboarding for this activity and agree to hold them harmless from any and all claims whatsoever arising from the conduct of any person(s) which results in the injury of my child/s. I accept responsibility of notifying En Route Skateboarding of any pre-existing conditions affecting my child. I further understand and acknowledge En Route will not allow my child/s to participate in such activities without my acceptance of and signature on this agreement.

Parent/Guardian name:

Phone number:

Child 1 Name:

D.O.B:

Allergies/pre existing injuries:

Medical - Private health cover:

Ambulance cover:

None of the above:

I agree to the terms and conditions

Parent/Guardian Signature:

Child 2 Name:

D.O.B:

Allergies/pre existing injuries:

Medical - Private health cover:

Ambulance cover:

None of the above:

I agree to the terms and conditions

Parent/Guardian Signature:

Child 3 Name:

D.O.B:

Allergies/pre existing injuries:

Medical - Private health cover:

Ambulance cover:

None of the above:

I agree to the terms and conditions

Parent/Guardian Signature: