

# ASSUMPTION OF RISK AND INFORMED CONSENT

*For adults 18+ years of age*



By signing this document, you waive certain legal rights, including the right to sue.

- PLEASE READ FULLY -

INITIAL HERE

In consideration of permission, granted now or in the future by the Cranston Residents Association to participate in **SKATEBOARDING (activities may include skateboarding or inline skating or the use of non-motorized scooters on the Cranston Residents Association Mobile Skateparks in drop-in/registered programs including ramps and rails).**

Date: \_\_\_\_\_, 20\_\_\_\_\_

I agree and acknowledge that:

I have met all the prerequisites required for participation in the activity and will abide by its rules and regulations.

2. Participation in the activity has risks and hazards. As a participant I may suffer property damage, personal injury and even death. I freely and voluntarily assume all of the risks and hazards of participation, including the legal risk. This means that I am giving up my right to sue the Cranston Residents Association for any reason, including negligence, if I suffer any damage, injury, loss or death by participating in the activity.
3. I waive any claim I may have against the Cranston Residents Association arising from my participation in the activity, however it is caused, and I agree to indemnify and hold harmless the Cranston Residents Association from all claims arising from my participation in the activity.
4. The Cranston Residents Association may secure such medical advice and services as it, in its sole discretion, may deem necessary for my health and safety and I shall be financially responsible for such advice and services.
5. This RELEASE OF LIABILITY, WAIVER OF CLAIM, ASSUMPTION OF RISK and INDEMNITY is binding on myself, my heirs, my executors, administrators, personal representatives and assigns

\_\_\_\_\_  
Name of **Participant** (PLEASE PRINT)

\_\_\_\_\_  
SIGNATURE of **PARTICIPANT**

\_\_\_\_\_  
Participant's ADDRESS

\_\_\_\_\_  
Participant's PHONE NUMBER

\_\_\_\_\_  
**NAME OF WITNESS** (PLEASE PRINT)

\_\_\_\_\_  
SIGNATURE OF **WITNESS**