

**PLEASE READ THIS CAREFULLY - DISCLAIMER AND MEDICAL CONSENT FORM.
SKATEBOARD, INLINE , BMX and SCOOTER RIDING 2023**

In consideration of my being permitted to use the facilities provided by SKATEOPIA SKATEPARK, I agree to save harmless and keep indemnified its directors, partners, employees and sponsors and other participants, their respective officials, servants, representatives and agents and any other person or organization using the facilities in respect of all claims, costs, expenses and demands in respect of death of, or injury to loss or damage to the property or myself, arising in pursuance of my activities and use of the facilities.

Inline skating, skateboarding and BMX and Scooter riding can be dangerous sports. Please be aware that by signing this consent form you accept that you can use the facilities at Skateopia totally at your own risk and you will not hold Driffield & District Skate and BMX Park Ltd liable for any injuries that result from using or spectating at these facilities. You are declaring you are in good health and are not suffering from epilepsy, hemophilia or other disability that would make it unsafe for you to participate in the activities. You also give permission for Driffield & District Skate and BMX Park Ltd to obtain medical help if you should require it in the case of injury or illness. Any person under 11 years of age must be accompanied by an adult.

Finally you agree not to consume any alcohol or drugs in the period prior to or during your use of the facilities at SKATEOPIA.. You also agree that you will not smoke tobacco or drop litter in the facility.

SKATEOPIA IS FOLLOWING COVID 19 GOVERNMENT GUIDANCE AND THESE MEASURES MUST BE ADHERED TO. WE ALSO HAVE AN ADJUSTED FIRST AID POLICY – DISPLAYED AT THE SKATEPARK AND ALSO ON OUR WEBSITE

Skateopia has a data protection policy which is available to view if you would like to see it. We will not keep your date any longer than required for the purposes of First Aid and Health & Safety.

DISCLAIMER DETAILS – PLEASE COMPLETE IN BLOCK CAPITALS

FIRST NAME:	LAST NAME:
TODAYS DATE:	DATE OF BIRTH:
PHONE NUMBER:	EMERGENCY CONTACT:
PARENTS/GUARDIAN SIGNATURE:	PRINT NAME:
OWN SIGNATURE IF OVER 18	
ADDRESS:	POSTCODE:

IN CASE OF MEDICAL TREATMENT BEING PROVIDED FOR YOU ARE THERE ANY MEDICAL CONDITIONS OR ALLERGIES THAT YOU WANT TO MAKE US AWARE OFF:

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