

# **TRANSITION EXTREME** **SKATEPARK PARTICIPANT REGISTRATION FORM**

*This form is for participants over the age of 16 only*

## CONSENT STATEMENT

*"I fully understand and acknowledge that there are risks and dangers associated with participation in skateboarding; BMX riding and inline skating which could result in bodily injury; partial and/or total disability; paralysis or death. As a result of this knowledge, I will not hold the management, board members, staff or volunteers of Transition Extreme Sports Ltd. responsible for any accidents; injury; loss or damage whilst on the premises. By signing this registration form, I confirm that I have read and fully understood the Terms & Conditions and have been strongly advised by Transition Extreme Sports Ltd. that I should wear full protective equipment whilst using t skatepark. I hereby agree to accept full responsibility for my actions during participation at Transition Skatepark."*

## PERSONAL DETAILS

Title.....First Name.....Surname.....

Male/Female.....Address.....

Date of Birth.....

Post Code.....

Mobile.....Home Telephone.....

Email.....

Emergency Contact Name.....Tel:.....

Do you suffer from any medical condition that you would like to make us aware of?

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Discipline (please circle):                      Skateboarding                      BMX                      Inline

How did you hear about Transition?.....

*I have read and understand the above and confirm that these details are correct.*

Participant Signature .....Date.....

Staff Name..... Staff Signature.....

Date..... Membership No.....