



RAMPWORX ANNUAL MEMBERSHIP AND CONSENT FORM

This Consent Form must be read and signed, and returned to a member of staff, before any Member shall be permitted to enter the Rampworx Skatepark.

In the event that the Member is under 18 years of age this Consent Form, it must be signed by a parent or legal guardian in attendance at the Skatepark, or if unable to attend, it should be presented by the Member and then supported by verbal confirmation as between the parent or legal guardian and a member of staff before the Member will be allowed entry.

By completing the relevant section(s) below, signing and submitting this Consent Form, the named person below shall (purely at the discretion of the staff of the skatepark) become a Member of the Rampworx Skatepark and shall be subject always to the terms and conditions displayed from time to time at the Skatepark and any additional provisions contained in this Consent Form (such as medical provisions).

PART 1 – MEMBERS DETAILS

NAME :

ADDRESS :

POST CODE :

TEL NO :

DATE OF BIRTH :/...../.....

EMAIL ADDRESS :

CHOSEN SPORT/s In Line BMX Skateboard Spectator

TYPE OF MEMBERSHIP **1 Year (£20)** **2 Year (£35)**

SIGNED (if 18 or over) :

DATE :/...../.....

MEDICAL DECLARATION:

(YOU MUST BE OVER 18 TO FILL THIS SECTION IN. IF NOT, GO TO PART 2)

I,, AM 18 YEARS OLD OR OLDER, AND HEREBY [GIVE/DO NOT GIVE](**delete as appropriate**) MY CONSENT FOR THE STAFF OF THE SKATEPARK TO PROVIDE MEDICAL ASSISTANCE TO ME, OR TO OBTAIN OUTSIDE MEDICAL HELP, IN THE EVENT OF MY SUSTAINING AN INJURY OR BECOMING ILL WHILE AT THE SKATEPARK.

SIGNED.....

PART 2 – CONSENT OF PARENT/GUARDIAN

(YOU WILL NEED THIS IF YOU ARE UNDER 18)

THE PERSON NAMED ABOVE IS UNDER 18 YEARS OF AGE AND I AM THEIR PARENT/ LEGAL GUARDIAN (**delete as appropriate**).

I hereby give consent for to attend and use the facilities at the Skatepark in order to carry out any of the Activities. I acknowledge and accept that (the above named) attends the Skatepark solely at his/her own risk and that the Skatepark

shall not be liable in the event of (the above named) sustaining any injury or loss unless the Skatepark has been negligent.

SIGNED.....

NAME OF PARENT/GUARDIAN.....

CONTACT TEL NO:

DATE.....

PART 3 – MEDICAL CONSENT (WHEN UNDER 18)

In the event of a Member sustaining an injury or becoming ill while attending the Skatepark, there are trained members of staff in attendance who can provide medical assistance and/or obtain outside medical help for an injured Member provided that the staff have been given consent to do so by the Members’ parent/legal guardian.

Therefore by signing the Consent Form below, you are agreeing to medical assistance being provided and/or outside medical help being obtained and provided to the Member, and therefore you are accepting that the Skatepark shall **not be held liable for any acts, omissions or adverse results of any medical treatment administered to the Member.**

If you do **not** sign the Consent Form below no medical assistance will be provided by any trained member of staff. Furthermore, the Skatepark shall not be able to give any form of consent to any outside medical professional called to assist the injured or ill Member and you are therefore accepting that the Skatepark shall **not be liable for any acts, omissions or adverse results of any medical treatment administered to the Member in such circumstances.**

PLEASE DO NOT SIGN IF YOU DO NOT WANT THE SKATEPARK TO PROVIDE/OBTAIN ANY FORM OF MEDICAL ASSISTANCE TO THE MEMBER

In case of medical treatment being administered to the Member, please list below any medical conditions or allergies that we, or outside medical assistance, should be aware of:-

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I,....., hereby consent to the Skatepark staff providing medical assistance to in the event of illness or injury.

Furthermore, I hereby consent to the Skatepark staff seeking outside medical assistance and authorising such medical assistance to be given to the above named person.

SIGNED BY PARENT/LEGAL GUARDIAN.....

NAME.....

DATE.....

For Office Use:

Received by:

Date: