

UNIT 23 SKATEPARK

WWW.UNIT23SKATEPARK.CO.UK
WWW.FACEBOOK.COM/UNIT23

PARENT/MEDICAL CONSENT FORM

1. PARENTAL CONSENT

BE AWARE THAT TAKING PART IN THESE SPORTS CAN RESULT IN SERIOUS INJURY!

Please be aware that by signing this consent form you are aware that participating in Extreme Sports can be dangerous and accept that you or your child use the facilities at UNIT 23 SKATEPARK totally at their own risk and that you will not hold UNIT 23 SKATEPARK liable in any way whatsoever for any injuries that result from using or spectating at these facilities.

PLEASE NOTE: IF YOU ARE UNDER 16 YOU WILL NEED YOUR PARENT / GUARDIAN TO SIGN & COMPLETE THIS FORM FOR YOU.

PARTICIPANT DETAILS:

NAME: _____

EMAIL: _____

ADDRESS: _____

TOWN: _____

CITY: _____

POSTCODE: _____

TEL: _____

DATE OF BIRTH: _____

WHAT ACTIVITY WILL YOU BE USING AT UNIT 23 SKATEPARK?

BMX INLINE SKATING SKATEBOARDING SCOOTER

OTHER: _____

2. MEDICAL CONSENT

This part of the form you permits UNIT 23 SKATEPARK to obtain medical help for your child in the event of an injury or illness.

PLEASE TICK THE BOX BELOW IF YOU DO NOT WISH TO GIVE UNIT 23 SKATEPARK THE AUTHORITY TO SEEK MEDICAL ATTENTION FOR YOUR CHILD IN THE CASE OF INJURY OR ILLNESS.

In the case of medical treatment being provided for your child are there any medical conditions or allergies that you want to make us aware of:

PLEASE TICK IF YOU DO NOT WISH TO GIVE UNIT 23 SKATEPARK PERMISSION TO PROVIDE / SEEK MEDICAL ATTENTION FOR YOU OR YOUR CHILD IN THE CASE OF AN INJURY OR ILLNESS

By completing the medical part of this form you are accepting that you will not hold UNIT 23 SKATEPARK liable for any acts, omissions or adverse results of any medical treatment administered.

You are aware that participating in extreme sports can be dangerous and that UNIT 23 SKATEPARK cannot be held liable for any injuries that result from using or spectating at these facilities.

You confirm that you have read and understood the form and that all details provided are correct. If you are under 16 your Parent or Guardian must complete this form for you and sign below.. If your are over 16 you can complete and sign yourself:

SIGNED: _____

PRINT NAME: _____ DATE: _____

SIGNED BY: MYSELF PARENT / GUARDIAN

Unit 23, Castlegreen St, Dumbarton, G82 1JD - Telephone: 01389 768333 - Email: unit23skatepark@btconnect.com

FULL TERMS AND CONDITIONS AVAILABLE ON REQUEST