

USER NAME: _____

THE FOLLOWING RULES APPLY TO THE TRACKS, THE VAULT AND THE CRYPT AT ROLLERSNAKES, UNIT 7, PARKER CENTRE, MANSFIELD ROAD, DERBY, DE21 4SZ

YOU ENGAGE IN ANY ACTIVITIES AT YOUR OWN RISK.

Rollersnakes recommends that everyone using the skate park facility should wear full protective equipment at all times including: helmet, knee and elbow pads, wrist-guards.

ALL UNDER 16'S ARE REQUIRED TO WEAR A HELMET with the chinstrap done up reasonably tight at all times when using the skate park area.

Users recognise the high risk of injury involved in the various sports undertaken at Rollersnakes and participate and enter the premises entirely at their own risk.

Anyone entering the premises agrees to waive all liability and claims against Rollersnakes, its directors, employees and volunteers, or landlords for any injuries, ailments or other injuries to users or spectators or damage to their property whilst using / attending the skate park premises.

Rollersnakes will carry out periodic checks on all equipment available for use and accepts no responsibility for injuries caused by unsuitable equipment. You are responsible for the equipment you bring to or borrow from Rollersnakes.

If you require a specific check on any equipment before hire please contact the Duty Manager on arrival.

Rollersnakes operates a zero tolerance Drugs & Alcohol Policy. Management has the right to "with cause" test visitors who consent, or ask any visitor unwilling to consent to "with cause" testing to leave the premises if suspected of being under the influence or showing signs of substance abuse, which is in line with this policy.

Any participant who uses our or their own equipment does so at their own risk.

Users of the skate area should know their limitations and not attempt to ride ramps or perform any manoeuvres beyond their skill level.

All equipment must be in good working order with no loose parts.
No sitting on ramps. No running in the skate park.

Only one person may ride a ramp / obstacle at one time. Wait your turn. No queue jumping.

Spectators must stay in designated areas and must not climb on any ramps or enter recognised skate areas.

No food or drink to be consumed on the ramps.

No skating anywhere not specifically designated for it.

There is a serious risk of injury and potentially death from the activities and services offered by Rollersnakes.

We strongly recommend satisfactory safety equipment to be worn by all participants including helmets, wrist guards and kneepads and **CHILDREN UNDER THE AGE OF 16 MUST WEAR A HELMET AT ALL TIMES.**

If you engage in the activities without a protective helmet (over 16 year olds) then you do so entirely at your own risk.

You are advised that using our facilities without wearing a full set of protective gear increases the risk of personal injury and potentially death in the event of an accident.

Please note that activities at Rollersnakes are not recommended for persons who have any medical issues for example heart, back or neck conditions, or people who are pregnant. If you suffer from any health problems, illness or may be pregnant please consult your doctor for medical advice before visiting Rollersnakes.

Please take a moment to read and familiarise yourself with our Terms & Conditions as these apply to all people using Rollersnakes facilities. They can be found in several locations in the shop and park areas and change from time to time and by signing into Rollersnakes you acknowledge and understand the latest version of the Ts&Cs and accept them.

We assume that you give consent for your image to be used in Rollersnakes social media.

Read all signage displayed in the various area and adhere to these rules

ENJOY YOURSELF / BE KIND / RESPECT OTHER SKATERS / RESPECT THE PLACE

Tick the boxes below to confirm you understand the risks of using our skate facility.

- ☐ I am aware of the risk I am exposed to during the activity and that it can lead to injury or death
- ☐ I am aware of the risk involved and accepts the risks involved in this activity
- ☐ I am responsible for my own actions and/or involvement
- ☐ I confirm that I am fit and capable of participating

UNDER 16s MUST HAVE THE FORM SIGNED BY A PARENT OR GUARDIAN

SIGNED: _____

PRINT NAME: _____

DATE: _____

DATE OF BIRTH: _____

EMERGENCY CONTACT DETAILS

NAME: _____ RELATIONSHIP: _____

CONTACT NUMBER: _____