

**AGREEMENT FOR PARTICIPANTS AND VOULENTEERS  
ACKNOWLEDGE OF RISKS, ACCEPTANCE OF RESPONSIBLITY AND  
RELEASE OF DISCHARGE**

**THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS!  
READ AND UNDERSTAND BEFORE YOU SIGN**

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone # \_\_\_\_\_

**ACKNOWLEDGE OF RISKS**

I understand and acknowledge that by participating or volunteering in the activity of "Learn to Skate" roller skating classes and by using the facilities and equipment supplied by CHAMPS, I am exposing myself to certain and unanticipated risks that could result in injury or death to myself, to my personal property, or to spectators, or other third parties. I understand that those risks may result in personal claims against CHAMPS or claims against me by spectators or other third parties.

**ACCEPTANCE OF RESPONSIBILITY**

Being aware of the risks involved in participating in "Learn to Skate" roller skating classes and in using the facilities and equipment supplied by CHAMPS, I expressly agree, covenant and promise to accept responsibility for any and all risk of injury or death to myself or to my property or to spectators or other parties, suffered as a result of my participation in this activity. My participation in this activity is purely voluntary and I elect to participate in spite of the risks.

**INSURANCE AND REPRESENTATION OF PHYSICAL CONDITION**

I understand that no medical insurance benefits are provided to participants or spectators during this activity. I acknowledge that I will have to pay for any and all medical attention required for any injury I may suffer during this event. I certify that I am in good physical condition at the time I began this activity and that I am not suffering from any physical or mental condition nor am I under medical care for any such condition.

**ENTIRE AGREEMENT**

I understand that this is the entire agreement between CHAMPS, myself, it's agents and employees and that it cannot be changed in any way by the representations or the statements of any employee or agent of CHAMPS or by me. This agreement shall be in effect from this date and indefinitely in to the future and shall cover all "Learn to Skate" roller skating classes that I engage at this facility.

**RELEASE AND DISCHARGE**

I have read and I fully understand this entire agreement. By signing below, I, in consideration of the services of CHAMPS, the rate charged for the services, and the right to engage in this event, hereby voluntarily release and forever discharge CHAMPS, it's owners, agents, and employees, and all other persons and representatives and estate, from any and all liability, claims, demands, actions or rights of action, as well as defense costs, including any negligent act or omission of CHAMPS, it's agents or employees for any injury or death to myself or my property arising from or incident to my participation in this activity, my use of the facilities and equipment supplied by CHAMPS or from any claim asserted against me by any third party.

X \_\_\_\_\_ X \_\_\_\_\_ Date \_\_\_\_\_

Signature of participant

Signature of parent if participant is under age 18