

PARENT / MEDICAL CONSENT FORM



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 SHRED SKATEPARK LTD totally at their own risk and that you will not hold SHRED SKATEPARK LTD liable in any way whatsoever for any injuries that result from using or spectating at these facilities.

IF YOU ARE UNDER 16 YOU WILL NEED YOUR PARENT / GARDIAN TO SIGN & COMPLETE THIS FORM FOR YOU

NAME

ADDRESS

TOWN / CITY

POSTCODE

TEL

DATE OF BIRTH

EMAIL

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:

By signing this form you are accepting that you will not hold SHRED SKATEPARK LTD 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 SHRED SKATEPARK LTD 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 the details provided are correct.

If you are under 16 your Parent or Guardian must complete this form and sign below

SIGNED: _____

PRINT NAME: _____

DATE: _____