

**HARRISON COUNTY SKATE PARK AND HOCKEY FACILITY**  
**WAIVER AND RELEASE OF LIABILITY AND**  
**ASSUMPTION OF RISK CONTRACT**  
Read Before Signing

In consideration of being allowed to participate in any way at Harrison County Skate Park and Hockey Facility, I, \_\_\_\_\_(Name of Participant), the undersigned, acknowledge, appreciate and agree that:

1. The risk of injury from in-line skating, skateboarding, BMX riding, and other activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,

3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence of participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Charles "Chuck" Thuss, South Mississippi In-Line Hockey League, Southern Sports Supply, Inc. and Harrison County, Mississippi, the individual Board members, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, owners, and lessees of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, which in any manner pertains to my use of the Skate Park and Hockey facilities.

I HAVE READ THIS WAIVER AND RELEASE OF LIABILITY AND ASSUMPTION OF RISK CONTRACT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

\_\_\_\_\_ Age: \_\_\_\_\_ D.O.B.:

Participant's Signature

Date Signed:

**FOR PARTICIPANTS OF MINORITY AGE, 21 YEARS OF AGE OR UNDER**  
**(UNDER AGE IS AT THE TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and Agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigned, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
EMERGENCY PHONE #(S)

\_\_\_\_\_  
DATE SIGNED

SWORN TO AND SUBSCRIBED BEFORE ME, this the \_\_\_\_ day of \_\_\_\_\_, 2005.

NOTARY PUBLIC

My Commission Expires:\_\_\_\_\_