

RELEASE OF LIABILITY

To be filled out by parent or legal guardian of persons 18 or younger.

One form per child (must read, initial clauses and sign)

1. Robichon's® requires all participants wear a full set of protective gear. I realize that protective gear should be worn at all times (knee pads, elbow pads, helmet and wrist guards), and I have acknowledged that instruction on how to use in-line skates is available upon request.

initials

2. Robichon's® offers protective gear and I understand I may use the gear free of charge when I use a valid drivers license as a deposit.

initials

3. I realize that protective gear is designed to reduce the risk of injury, but will not prevent all injuries: for example, a helmet will not prevent all head injuries. There is no guarantee for my safety.

initials

4. To further reduce the risk of injury, I acknowledge that I should skate in control and within my abilities. I understand and acknowledge that my speed will increase rapidly going downhill or negotiating difficult terrain could cause me to loose control and fall or be injured.

initials

5. I understand and acknowledge that the brake on an in-line skate is designed to stop a skater gradually and I should therefore start out slowly and get used to braking techniques. Until then, I should skate on a safe, level, and clear surface which is free from traffic and/or other hazards

initials

6. I understand and acknowledge that the water, oil, sand, debris as well as irregular and broken pavement should be avoided - extreme caution is necessary around pedestrians, automobile traffic, and other skaters.

initials

7. I understand that I shall not perform public demonstrations of Robichon's® Inline Skate Programs, conduct classes or instruction of Robichon's® In-Line Skate Programs or issue any level promotions to any other individual without the express written approval of the Authorized Directors of Robichon's® The In-Line Skate School.

initials

8. I further understand that there are risks involved with in-line skating and in-line hockey. Some of these risks can include, but are not limited to, falls, contact with other skaters, and impact from sticks or balls. Injuries are common and can be serious even if I wear protective gear and skate in control. I freely assume these risks and release Bennetton Sports Systems and its subsidiaries and their respective employees and agents and Robichon's, The In-Line Skate School and its subsidiaries and their respective employees and agents, from any liability claim or suit arising of my use of the skates, protective gear, or equipment, including any claims of negligence by any of these parties released above.

initials

9. I give my permission for Robichon's staff to make whatever emergency measures are judged necessary for the care and protection of my child while attending the activity.

10. In case of medical emergency, I understand that, if the police or rescue squad deems it necessary, my child will be taken to the nearest hospital. If there is a choice, however, our preferred hospital is

initials

11. It is understood that in some medical situations, the staff will need to contact the local emergency resources before the parent, child's physician, and/or other adult acting on the child's behalf.

initials

12. I understand the rules of Robichon's® and I agree to comply by them. Failure to comply with the Rules of Robichon's® may result in my removal from participation.

initials

13. The undersigned further grants the organizers the rights to the taking and utilization of still photographs, videotapes, motion pictures, recordings, or any other record of this event for any purpose.

initials

I have read and understand the foregoing release: X _____ X ____/____/____
(Signature of parent or guardian if under 18 years of age) Today's Date

1. ___ Mr. ___ Mrs. ___ Ms. ___ Miss

Skaters First Name: _____ Initial: ___ Last Name: _____

Complete Street Address: Number and Street: _____ Apt./Unit #: _____

City: _____ State: _____ Zip Code: _____

2. Telephone Number: () _____ - _____ Work Number: () _____ - _____

3. E-Mail Address: _____ Today's Date: ____/____/____

5. Date of Birth: ____/____/____

Please check here if you do not wish to learn more about Robichon's® or obtain more information on new opportunities.