

NOELLE ROBICHON
RELEASE OF LIABILITY AND WAIVER,

In exchange for the permission granted to me by Robichon's In-Line Skate School* to participate in the program ("Program"), I agree as follows:

The "Program" refers to lessons, events, lessons, instruction, camps, promotions, or other programming of whatever kind or nature offered by Robichon's In-Line Skate School*.

1. I understand that my participation in the Program carries with it a risk of serious bodily injury, death, or personal property damage or loss. This risk may arise not only from my own acts, omissions, or negligence, but also from acts, omissions or negligence of others, from the terrain and condition of the premises of the Program, or from the condition, adequacy or appropriateness of any equipment used in the Program. I understand that I will be exposed to a range of dangers and risks, including, but not limited to hazards associated with in-line skating, such as falling, crashing, and colliding. Further, I understand that there may be risks associated with this Program that I am not now aware of and that cannot be reasonably foreseen.

2. I expressly and voluntarily assume all risk of injury, death, and property damage or loss that may result from my participation in the program.

3. On behalf of myself, my personal representatives, heirs, next of kin, and anyone who obtains any rights from me, **I hereby waive, release, and discharge** Robichon In-Line Skate School*, its owner, officers, directors, agents, and employees and all other persons and firms involved in any way with the Program (the "released parties") **from liability** for bodily injury, death, property damage or loss related in any way to my participation in **the Program**, including any losses caused by the negligence on the part of the Released parties. I am not releasing the Released Parties from liability for any willful or intentional acts.

4. I understand that I am giving up all my claims, which may exist now or may arise in the future against the Released Parties. I also understand that **I am accepting all responsibility for all costs and damages** that I might incur or that might be incurred on my behalf in the event of any injury or accident.

5. No oral representations or inducements have been made to me to sign this agreement. If any portion of this agreement is held invalid, it is agreed that the balance thereof shall continue in full force and effect.

I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I UNDERSTAND IT IS A RELEASE OF ALL CLAIMS. I UNDERSTAND THAT I AM ASSUMING ALL RISKS INHERENT IN PARTICIPATION IN THE PROGRAM. I VOLUNTARILY SIGN MY NAME, AND THEREBY STATE MY ACCEPTANCE OF THE ABOVE PROVISIONS.

Signature

Date

Print Name

*Robichon's In-Line Skate School is a sole proprietorship owned and operated by Noelle Robichon, and includes other in-line skating ventures or programs owned or operated by Noelle Robichon such as Robichon's Skate Ventures and Robichon's Skate School.

PARTICIPANT IS A MINOR

If the Participant is a Minor, his or her parent or legal guardian must sign in order to participate in the Program:

I am the parent or legal guardian of the participant. I am signing this Release and Wavier on my own behalf and on behalf of the participant and his or heir heirs and assigns.

In my opinion, the minor child is physically and emotionally able to fully participate in the program. I recognize and acknowledge that participation may involve the risk of accident, personal injury and/or property damage. I consent to the minor child's participation and assume all these risks associated with the Program. Participating in any activity or program is an acceptance of risk of injury that my minor child is primary dependent on his/her taking property care of him/herself.

Accordingly, in consideration of Robichon's In-Line Skate School* allowing my minor child to participate in the program, I hereby release the Released Parties, their owner, officers, directors, employments, agents and volunteers from any and all claims, causes of action, injuries, damages and liabilities of any nature whatsoever arising out of or relating to my minor child's participation in the Program.

I further understand and attest that the instructor has all necessary medical information. In the event of an emergency, if I cannot be reached, I give permission to the physical, selected by Robichon In-Line Skate School* to secure treatment for my minor child.

I HAVE READ THIS DOCUMENT AND FULLY UNDERSTAND ITS CONTENTS. I UNDERSTAND IT IS A RELEASE OF ALL CLAIMS. I UNDERSTAND THAT I AM ASSUMING ALL RISKS INHERENT IN MY MINOR CHILD'S PARTICIPATION IN THE PROGRAM. I VOLUNTARILY SIGN MY NAME, AND THEREBY STATE MY ACCEPTANCE OF THE ABOVE PROVISIONS.

Print name of Minor Child

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

APPLICATION AND POLICIES TO PARTICIPATE IN ROBICHON'S IN-LINE SKATE SCHOOL*
PROGRAM

Participant's Name: _____ Date of Birth: _____

Address: _____
Street address

City, State, Zip Code

Telephone Number: _____

Email address: _____

If minor participant, name of Guardian: _____

If Participant has any medical, physical, or psychological conditions or restrictions which may affect their participation in the Program:

Emergency Contact: _____
Name

Telephone number

Relationship to Participant

Preferred medical provider in case of emergency: _____

Medical Insurance Provider: _____
Name

Member No.

