

InLine Club of Boston - Group Skate Waiver & Release

THIS IS A LEGAL DOCUMENT - IF YOU DO NOT UNDERSTAND THIS, SEEK LEGAL ADVICE

I know that skating is a potentially hazardous activity. I know I should not participate in InLine Club of Boston ("ICB") group skating events, including ICB Night Skates, ICB Social Skates, ICB Midweek on the Minuteman, ICB Sunday City Skates, ICB Advanced Tours, TeamICB, ICB Devens After Dark, and ICB Fitness & Inline Technique (each a "Group Skate") unless I am medically able. I understand that ICB Group Skates may be held upon city streets, paths, and sidewalks and that there may be traffic along the routes. I understand that the surface condition and terrain of ICB Group Skates routes varies considerably and that there may be unexpected and/or potentially unforeseeable obstructions, potholes, dirt, broken or rough pavement, oil, water, ice, gravel, steep hills, railroad tracks, gratings, and other hazards.

By choosing to participate, I hereby voluntarily and knowingly agree to assume any and all risks associated with skating in any ICB Group Skate including but not limited to falls, hills, collisions with vehicles, contact with other participants, the effects of weather, including rain, heat or humidity, darkness or other forces of nature, the conditions of the roads, the condition of my equipment, acts by third parties, and severe injury and death. I am aware and understand that it is not possible for the ICB, or any of its officers, directors, volunteers, agents, or employees to guard against such hazards or occurrences.

By choosing to participate, I hereby for myself, my heirs, executors, administrators, or anyone else who might claim on my behalf or through me or through my estate, waive all rights in law or equity, agree to hold harmless and covenant not to sue, release and discharge the ICB, its officers, ICB volunteers and their assistants, and any organization associated with any ICB Group Skate (including the National Skate Patrol), the local government and police, volunteers, and any and all sponsors, including their agents, employees, assigns, or anyone acting for or on their behalf, from any and all claims or liability whatsoever for death, personal injury, property damage, loss of income or earnings, loss of consortium of any kind or nature whatsoever arising out of, or in the course of, my participation in any ICB Group Skate. This waiver and release extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown.

Medical Permission is hereby granted. If I should suffer any injury or illness or death during, or in any way arising out of, any ICB Group Skate, I authorize the ICB, its officers, and ICB volunteers and their assistants, and any organization associated with any ICB Group Skate, and the local government and police, and any and all sponsors, including their agents, employees, assigns, or anyone acting for or on their behalf to use their discretion to have me transported to a medical facility and I take full responsibility for this action, and ratify all decisions made on my behalf by any such person.

I understand that I must wear a helmet and wristguards while participating in any ICB Group Skate and that my failure to do so may result in me being asked not to participate. I further agree to abide by any other rules concerning safety and conduct set forth by the ICB while participating in any ICB Group Skate, and agree to hold harmless the ICB, their officers, directors, volunteers, members, agents, and others acting on their behalf and for any potential liability arising out of my own failure to abide by such rules.

I grant full permission to the ICB, any sponsor of any ICB Group Skate, and any organization involved with any ICB Group Skate and/or agents authorized by them, to use photographs, videotapes, motion pictures, recordings, or any other record of any ICB Group Skate for any legitimate purpose.

I understand that this waiver is effective for any ICB Group Skate that I choose to participate in.

Name of Participant _____ Phone _____ Address _____ City _____ State _____ Zip _____ Email _____ Are you an ICB Member? <input type="checkbox"/> Yes; <input type="checkbox"/> No. How did you learn about the ICB? <input type="checkbox"/> Friend; <input type="checkbox"/> Web; <input type="checkbox"/> Other _____ Emergency Contact _____ Phone _____ Relationship: <input type="checkbox"/> Parent; <input type="checkbox"/> Spouse/Partner; <input type="checkbox"/> Brother/Sister; <input type="checkbox"/> Roommate; <input type="checkbox"/> Friend; <input type="checkbox"/> Other _____ ► Signature _____ Dated: _____
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If under 18 years of age, signature must be by parent or legal guardian.

Name of Parent or Legal Guardian _____ Address _____ City _____ State _____ Zip _____
