Cortland Skatepark Competition
Registration Form

DATE OF COMPETITION:_____

TYPE OF COMPETITION: **Please circle one** **Skateboard** **Rollerblade**

Competition Information

Please circle one: **Beginner** **Intermediate** **Advanced**

Please circle all that apply: **Half Pipe** **Street Course** **Best Trick**

Participant Information

NAME: _____

PHONE: _____ **DATE OF BIRTH:** _____

ADDRESS: _____

_____

SCHOOL: _____ **GRADE:**_____

WAIVER: I know that skateboarding is a potentially hazardous activity which could cause injury or death. I should not enter and skate unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, am in good health and am properly trained. I agree to abide by any decision of an event official relative to any aspect of my participation in the event, including the right of any official to deny or suspend my participation for any reason whatsoever. I assume all risks associated with participation in this event, including high heat and/or humidity, traffic and conditions of the course. All such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the City of Cortland and any and all sponsors and contributors involved in this event from all claims or liabilities of any kind arising from my participation in the event, even though that liability may arise out of carelessness on the part of the sponsoring bodies. This release shall be binding upon my heirs, administrators, successors and assignors and those of the sponsoring organization(s). By this release I fully intend to discharge the said organization(s) from any and all injuries and/or losses suffered by me while participating in and travelling to and from this event.

Participant Signature:_____ **Date:**_____

Parent/Guardian Signature:_____ **Date:**_____
(if under 18 years of age)

FEE:_____ **AMOUNT PAID:**_____ **DATE:**_____ **INITIALS:**_____