

2022

SERIOUS JUJU SKATE WORKS, INC.
Waiver & Release Form, Photograph Authorization,
and Medical Release

NAME OF ATTENDEE _____

MONTANA LAW LIMITS LIABILITY IN SPORT AND RECREATIONAL ACTIVITY. UNDER §27-1-753, M.C.A. BY SIGNING THIS DOCUMENT YOU MAY BE WAIVING YOUR LEGAL RIGHT TO A JURY TRIAL TO HOLD THE PROVIDER LEGALLY RESPONSIBLE FOR ANY INJURIES OR DAMAGES RESULTING FROM RISKS INHERENT IN THE SPORT OR RECREATIONAL OPPORTUNITY OR FOR ANY INJURIES OR DAMAGES YOU MAY SUFFER DUE TO THE PROVIDER'S ORDINARY NEGLIGENCE THAT ARE THE RESULT OF THE PROVIDER'S FAILURE TO EXERCISE REASONABLE CARE.

In consideration for being allowed to skateboard and participate in any way or even be on the premises at Serious JuJu Skate Works Inc, at 1203 U.S. Hwy 2 W Suite #3, Kalispell, MT, and its related events, and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities Involved in these programs and transportation associated therewith is significant, including the potential for death or permanent disability and loss, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of death or serious injury to me does exist; and
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISK, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES (as defined in paragraph 4 below) or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary rules, terms, and conditions for participation (see reverse for Skate Park Rules); and,
3. I, FOR MYSELF AND ON BEHALF OF MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN, HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS SERIOUS JUJU SKATE WORKS, INC. AND IT'S PARENTS, SUBSIDIARIES, AFFILIATES, RELATED COMPANIES, DONORS, LANDLORDS, SUCCESSORS AND ASSIGNS, AND ANY AND ALL OF THEIR OFFICERS, DIRECTORS, SHAREHOLDERS, VOLUNTEERS, AGENCIES, ATTORNEYS, AGENTS, REPRESENTATIVES, FIDUCIARIES, COMMITTEES AND EMPLOYEES, PAST, PRESENT AND FUTURE FROM ANY AND ALL CLAIMS ARISING OUT OF MY PRESENCE AT SERIOUS JUJU SKATEWORKS, INC. AND ITS RELATED EVENTS, AND ACTIVITIES, INCLUDING, BUT NOT LIMITED TO, CLAIMS FOR ANY AND ALL INJURIES, DISABILITY, DEATH, LOSS OR DAMAGE TO PERSON OR PROPERTY, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, TO THE FULLEST EXTENT PERMITTED BY LAW, INCLUDING ATTORNEY'S FEES AND ATTORNEY'S FEES ON APPEAL. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. I attest that I am physically fit, and I am prepared for this activity. I WANT TO PARTICIPATE IN THIS HAZARDOUS SPORT.
4. I also waive and release the use of my photograph or likeness for any reason or purpose.
5. MEDICAL RELEASE: In the event that I am unconscious or otherwise unable to make medical decisions for myself in an emergency, I hereby give permission for medical treatment, and related transportation, to any licensed physician, surgeon, clinic, hospital, or ambulance service to secure proper treatment, and to order anesthesia, for myself as named above.

MINORS, UNDER THE AGE OF 18, MUST HAVE SIGNED CONSENT FROM A PARENT, GUARDIAN, OR TEMPORARY GUARDIAN.

FOR PARENT OF MINOR: This certifies that I, as Parent, Guardian, Temporary Guardian, with legal responsibility for this participant do consent and agree not only to her/his release of all Releases, but also to release and indemnify the Releases from any and all liabilities incident to her/his for myself, assigns and next of kin, and consent to the MEDICAL RELEASE set forth above.

DATE

PRINT NAME OF MINOR

SIGNATURE OF MINOR

DOB

MINOR'S PHONE #

SCHOOL MINOR ATTENDS

KNOWN ALLERGIES

MAILING ADDRESS

CITY

STATE AND ZIP

SIGNATURE OF GUARDIAN

PRINT NAME OF GUARDIAN

RELATIONSHIP

GUARDIAN'S PHONE #

EMAIL

SKILL LEVEL (CHOOSE ONE):

BEGINNER

INTERMEDIATE

ADVANCED

NON-SKATER

ADULT ATTENDEES 18 YEARS OLD AND OLDER

DATE

PRINT NAME

DOB

PHONE #

KNOWN ALLERGIES

MAILING ADDRESS

CITY

STATE AND ZIP

SIGNATURE

EMAIL

EMERGENCY CONTACT INFORMATION:

PRINT NAME

RELATIONSHIP TO YOU

PHONE NUMBER

SKILL LEVEL (CHOOSE ONE):

BEGINNER

INTERMEDIATE

ADVANCED

NON-SKATER