



# Consent Form

| PARTICIPANT DETAILS |  |               |               |
|---------------------|--|---------------|---------------|
| Forename            |  | Surname       |               |
| Address             |  |               | Email Address |
| Telephone No.       |  | Date of Birth |               |

| EMERGENCY CONTACT DETAILS |  |                        |  |
|---------------------------|--|------------------------|--|
| Emergency Tel No.         |  | Emergency Contact Name |  |

**Safety at RampNation**

- It is recommended that ALL participants wear satisfactory safety equipment including helmets, wrist guards & knee pads
- Helmets **must** be worn by participants under 18 years old
- Spectators may not enter the ramp area under any circumstances
- No food or drink may be taken into the ramp area
- Anyone who is visibly intoxicated shall not be permitted to participate. Alcohol is not permitted on the RampNation premises.
- Smoking is not permitted within RampNation
- No racing or time trials are allowed at RampNation

**Safety Declaration**

- I am aware of the risks involved in using RampNation
- I accept the risks involved in using RampNation
- I accept that these activities are dangerous and can result in death and/or injury
- I am responsible for my own actions and/or involvement

**Suitability to Participate**

- I am fit to participate
- I have declared any existing injuries to RampNation below
- I have declared any existing medical conditions to RampNation below
- I give my permission for medical assistance to be administered in the case of an accident or emergency
- My consent is given until I (the parent / guardian) give notice to withdraw consent in writing to "RAMPNATION SKATEPARK".

| MEDICAL INFORMATION / EXISTING INJURIES |
|---|
|   |

By signing this declaration, I confirm that I have read and understood the above information

|  |  |      |                 |
|--|--|------|-----------------|
| Participant Signature  |  | Date |                 |
| I give my permission for photographs/film of me to be taken at RampNation and that the photographs/film may be used to promote RampNation. |  |      | (Circle) YES NO |

| Parent/guardian Consent (required if participant is under 16 years old) |  |           |  |
|---|--|-----------|--|
| Name  |  | Signature |  |
| Relationship  |  | Date      |  |

**Children under 8 years old must be accompanied by an adult over 18 years old**

**Access to RampNation will not be permitted unless this form is completed in full.**

**RampNation does not accept any responsibility for injuries suffered however caused, or for loss or damage to personal property either inside or outside the premises.**