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use of



Clark County Parks and Recreation HOLLYWOOD SKATE PARK FORM AND RELEASE OF LIABILITY

- County staff may remove a participant from the Skate Park for failure to abide by rules established for use.
- Participants must swipe their cards, proving registration at (Center) Front Desk. On certain occasions, wristbands/stamps may be issued to participants in order to be allowed access to the park.
 - All skaters, riders and spectators use this facility at their own risk.
- For safety reasons, all participants are REQUIRED to wear a helmet while using the skate park. Knee and elbow pads are STRONGLY RECOMMENDED.
- Please skate/ride within your ability. Be aware of other participants' skill level.
- For safety reasons, spectators must remain outside of the skating/biking area.
- Proper adult supervision of children age 9 and under is REQUIRED.
- Music should be kept at a reasonable volume. If requested by staff, music volume must be reduced.
- Keep your skate park clean. Trash cans are located throughout the park. Please use them.
- Graffiti, markers, paint, wax and stickers are prohibited in the Skate Park.
- Drugs, alcohol and smoking are prohibited in or around the Skate Park.
- Profanity is prohibited in the Skate Park.
- NO LOITERING after center and Skate Park hours.
- Clark County is not responsible for lost or stolen items.
- Trespassers will be prosecuted.

(If participant under 18 years of age)

- Report any problems to Hollywood Recreation Center staff or contact Metro Police Department by calling 911.
- Vandalism, violence or other disruptive behavior may require restriction of hours or closure of the park.

1	acting on b	ehalf of myself a	nd/or my minor child	d/children do expressly
and forever waive and release Clark agents from any and all liability for pe				
County sponsored programs. Further				
accepted the terms and conditions st				
hereafter. I recognize the inherent ris	k of injury or disability,	even death in ska	ating and biking acti	ivities. It is understood
that unforeseen circumstances may a				
understand that my failure to comply	with the terms and con-	ditions stated ab	ove might result in s	suspension of my use o
the facility.				
Participant Name (print):		Age:	DOB:	
Parent/Guardian Name (print):				
Address:				
City:	State <u>:</u>	z	ip:	
Phone Numbers:		Cell:		
Emergency Contact and Phone #:_				
Participant Signature:			Date:	
Parent/Guardian Signature:				