

Competitor Info

please print clearly

Last name _____
 First name _____
 Address _____
 City _____
 State _____ Zip _____
 Phone _____
 e-mail _____
 Birthdate _____ Age _____
 Gender ___ M ___ F

UNDER 18 Parent or Gaurdian Info

Father's Name _____
first last

Mother's Name _____
first last

Alt. Phone (optional) _____

Alt. e-mail _____

> Participants must be covered by their own medical insurance

EMERGENCY CONTACT INFO - ALL COMPETITORS:

NAME: _____

PHONE #: _____

How did you hear about the Skatepark Showdown?

List a friend that would like to know about the Skatepark Showdown

name _____
 address _____
 city _____ state _____ zip _____
 email _____

CATEGORY ~ Check one:

- Ladies \$20
- Beginner \$15
- Intermediate \$20
- Advanced \$20

I hereby authorize the staff at The Skatepark Showdown and / or All Star Adventures, LLC to act for me according to their best judgement in any emergency requiring medical attention. I hereby waive any and all claims for personal injury, illness and/or property damage that I may have against The Skatepark Showdown and / or All Star Adventures, its directors, officers, agents, employees, contractors, representatives and volunteers associated with The Skatepark Showdown. All medical expenses incurred will be the responsibility of the competitor and the competitor's family. I understand that participation in Skateboarding and all other competition activities are performed in a unique environment with motion, rotation, and height differentials that carry a risk of injury. In lieu of medical certificate signed by a medical doctor, I have no knowledge of any physical or mental impairment that would be affected by the named competitor's participation in The Skatepark Showdown / All Star Adventures, LLC programs outlined by the web site and printed information which I have read. The Skatepark Showdown and / or All Star Adventures, LLC is not responsible for personal items that are lost, stolen, or damaged. I expressly grant to The Skatepark Showdown and / or All Star Adventures, LLC and any third party authorized by the competition managers the right to photograph, videotape, film and record the voice of and make any reproductions of the competitor's physical likeness and voice. I also expressly grant the irrevocable right in perpetuity to use, display and digitally enhance or alter.

this application may be photocopied

Competitor Signature _____ Date _____

Parent / Guardian Signature _____ Date _____

Notary (for advance registrations our in lieu of a parent/guardian signature) --->

(UNDER 18)