

## FAIRMANS AGREEMENT FOR WAIVER, RELEASE, INDEMNIFICATION & ASSUMPTION OF RISKS

I, the undersigned, declare that I am the adult person, or parent or legal guardian of a minor child named on this form.

I hereby agree and understand that participation in the Event administered by ThelmaJune, Inc. dba Fairman's Skate Shop (The Event) poses certain potential risks. I accept this fact, and agree that my child's participation in The Event is done with my full knowledge. I understand that The Event and/or their employees, agents, management, sponsors and volunteers are not responsible for any injury that my child might incur as a result of participating in The Event.

I acknowledge that Clinics and Skate Lessons rely on close personal contact and Fairmans has no responsibility for any viruses transmitted, including but not limited to Coronavirus 19.

I acknowledge and understand that skateboarding is a hazardous and dangerous activity that requires strenuous exercise and various degrees of skill and experience. I understand that these activities can result in serious injury to the person and damage to property. I also understand that these risks, hazards and dangers are further increased when other persons, whether of the same level of experience or skill or not, are using the same facilities. I am aware of the risks, hazards and dangers of personal injury, death and disability inherent in viewing and/or participating in any skateboarding event; and that while The Event will be supervised by ThelmaJune, Inc. dba Fairman's Skate Shop staff, there is a possibility and risk of injury. I VOLUNTARILY ASSUME SUCH RISKS.

I represent that my child is in sufficiently good physical condition to participate in the programs and activities of The Event without jeopardizing his/her health. I understand that I have given up substantial rights by signing this waiver and release, and sign it voluntarily. This waiver/release also binds my heirs and assignees.

I understand, consent to and authorize, in advance, the use of my child's name, voice, picture, or other likeness, in combination or alone, in any broadcast, telecast, print medium, advertising, promotion, or other account of The Event.

I hereby irrevocably grant to Fairman's Skate Shop the right to photograph and/or record on film, video and/or audio my minor child's likeness, and further grant Fairman's Skate Shop a perpetual, royalty-free license to use the likeness (and any simulation, alteration or reproduction thereof) in connection with advertising, marketing, products, packaging or other uses without compensation and without restriction as to duration, geography, media or frequency.

### AUTHORIZATION TO TREAT A MINOR AND/OR RELEASE OF PATIENT'S RECORDS

- 1) I, the undersigned, do hereby authorize any hospital, physician, or other person who has attended to or examined my child to furnish ThelmaJune, Inc. dba Fairman's Skate Shop or its representatives, any and all information with respect to any illness, injury, medical history, consultation, prescriptions, or treatment, copies of all hospital or medical records upon request. A photo copy of this authorization shall be considered as effective and valid as the original.
- 2) I authorize the consent to any x-ray examination, laboratory procedure, anesthetic, medical, or surgical diagnosis and treatment which is deemed advisable by general medical staff or emergency room personnel under the provisions of the State of Pennsylvania, Department of Public Health.
- 3) I understand that an effort shall be made to contact me prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if I cannot be reached.
- 4) It is understood that the person presenting this authorization is acting as my agent and will not be held liable for treatment(s) and other services rendered.
- 5) I accept full financial responsibility for all medical treatment(s) and services rendered to my child.

I hereby certify that I am over 18 years of age. I have carefully read the foregoing and acknowledge that I understand and agree to all of the above terms and conditions. I have had the opportunity to ask questions regarding this Agreement and the effect of the same. I am aware that by signing this Agreement, I assume all risks and waive and release certain substantial rights that I may have or possess.

Eventer's Name: \_\_\_\_\_

Self, Parent or Guardian's Name (print): \_\_\_\_\_

Relationship to Eventer: \_\_\_\_\_

Self, Parent or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Self, Parent or Guardian's Phone Number: \_\_\_\_\_