

Boom Town Derby Dames
ROLLER DERBY WAIVER & ACKNOWLEDGEMENT
FORM

Participant's Name: _____

Date of Birth: _____ Email Address: _____

Address: _____ City/State: _____

Cell Phone: _____ Home Phone: _____

Medical: It is the responsibility of the undersigned to insure that the above named person is medically fit to participate in strenuous on-rink/flat track or off-rink activities. As stated below, participation in roller derby activities presents an inherent risk of injury to person or property. The undersigned certifies that the above named participant has no known conditions that prohibit or limit participation in any derby/skating activities held by or in association with BTDD. Additionally, the undersigned must have medical insurance in place (primary insurance preferred, but WFTDA insurance required also) for the participant to cover any expenses related to any potential injury that may arise from their participation in BTDD.

Equipment and skates: Participants must wear the following mandatory safety equipment during all BTDD on-rink/flat track activities and practices: Knee and elbow pads, wrist guards, mouth guards and helmet. Eyeglasses must have plastic shatter-proof lenses. **The undersigned must take full responsibility that the above named participant is wearing the aforementioned safety equipment at all times and that it is worn properly.** Only quad skates are permitted. All skates must be rink-safe, meaning that their use must not gash, indent or blemish the skating surface or any other surface and that the skates will not cause injury to property or person(s). All liabilities thereof are undertaken by the undersigned.

Conduct: Spectators and/or skaters (patrons on the premises as a result of your involvement in the roller derby) as well as participants must behave in a respectful manner to both person and property. Behavior which could potentially lead to intentional or unintentional bodily injury or injury to property will not be tolerated.

Indemnification and Risk Acknowledgment: In consideration of being allowed to participate in any way in BTDD, athletic sports programs, related events and activities, the undersigned acknowledges, appreciates and agrees that:

1. The risk of injuries from the activities involved in the program is significant, including the potential for permanent paralysis and death, while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury remains: and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and I assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however, I observe any unusual significant hazard(s) during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately: and,
4. I, for myself and on the behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS BTDD, the rink/facility, coaches, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors and advertisers ("releasees") with respect to any and all injury, disability, death or loss, or damage to person or property, WHETHER ARISING FROM NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS ASSUMPTION OF RISK AGREEMENT, ACKNOWLEDGEMENT AND I ACCEPT RESPONSIBILITY; I FULLY UNDERSTAND ITS TERMS, AND I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant's Signature: _____ Date Signed: _____

(Or Guardian's if a
minor)

Boom Town Derby Dames

EMERGENCY CONTACT INFORMATION

Skater Name _____ Date of Birth _____ Age: _____

Primary Emergency Contact Information:

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Other Phone: _____

Secondary Emergency Contact Information:

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Other Phone: _____

Primary Care Physician: _____

Address: _____ Phone: _____

Preferred Hospital: _____

Primary Health

Insurance: _____

Policy #: _____ Group#: _____

Allergies

Medications: _____

Food: _____ Latex: _____

Regular medication prescriptions taken: _____

Medical Conditions: _____

Have you Breast Fed within the last 6 months? _____

Do you want this information kept private unless it needs to be used in an emergency?

YES: _____ NO: _____

Directions: Sign and date below and submit with Membership Paperwork. I certify that to the best of my knowledge the above information is current correct and true.

Signature: _____ Date: _____

(Or Guardian's if
Skater is a Minor.)

Boom Town Derby Dames

IMAGE RELEASE

LAST NAME: _____ FIRST NAME: _____ MI: _____

Either the above-named participant ("you") may appear in photographs taken of you by Boom Town Derby Dames (BTDD), its agents or other third parties, or you are voluntarily submitting photographs or artwork of you or your property (the "Image(s)"). In the event that the Images voluntarily submitted by you are of someone or something other than you or your property, you have obtained permission and/or have the ability and authority to submit such Images to BTDD for the uses outlined below. Unless you inform BTDD otherwise, this Release shall cover any and all such Images submitted by you as of the date that you sign this Release.

No payment will be made to you for the use of the Images taken of or submitted by you. You further understand that BTDD may not be able to return the original Images that you have submitted.

For purposes that support BTDD's mission, you give BTDD the right to use, publish, reproduce, modify, adapt and distribute your Images at any time in any manner or medium, including without limitation use in print materials, presentations, the Internet, television, mailed promotions, exhibits, and press releases. If BTDD uses any Image taken of or submitted by you, BTDD shall not publish your name or address in connection with the Images without your consent. However, BTDD may publish the Images with quotations provided or submitted by you.

You agree that BTDD does not need your consent or approval of the finished product or products, and the copy or other matter that may be used in connection with the Images, or the use to which the Images might be applied. You further agree to release and discharge BTDD, its agents or third parties, and all persons acting under BTDD's permission or authority, from any liability by virtue of any blurring, cropping, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of the Images or in any subsequent processing of the Images, as well as any publication of the Images, including without any limitation any claims for libel or invasion of privacy.

You certify that you have read this document and understand it. Your submission to the terms of this Agreement is your free and voluntary act and deed, and you acknowledge that this release shall be binding upon you and our heirs, legal representatives, and assigns. You are eighteen years or older and have the right and ability to enter into this Agreement, and to grant the rights and furnish all Images submitted by you pursuant to this Agreement.

Directions: Sign and date below, or guardian's signature if the skater above is a minor.

Signature: _____ Date: _____