



SPRINGFIELD SKATEPARK MEMBERSHIP CONTRACT

Registration Date: _____

Membership Type: New: \$25: _____ Renewal: \$20: _____

PLEASE PRINT CLEARLY

Participant's Name: Last _____ First _____

Date of Birth: _____ Male: _____ Female: _____

Residential Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

E-mail: _____

Medical Conditions: _____

Parent/Guardian Name (if participant is under 18 years of age): _____

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

Home Phone: _____ Work Phone: _____ Cell: _____

Emergency Contact Information

Contact #2: _____
Relationship: _____
Home Phone: _____
Work Phone: _____
Cell: _____

Contact #2: _____
Relationship: _____
Home Phone: _____
Work Phone: _____
Cell: _____

In consideration of acceptance of membership, enrolling member and all family members assume all risks of personal injury or property damage, which occur as the result of any member's participation in activities at the Skate Park. Members release risks of condition of premise, facility and equipment use for such activities. Members release City, Park Board and their employees from all claims, even if caused by the past or future negligence of City, Park Board, or their employees, excepting only intentional actions or gross negligence. I grant full permission to the Park Board to use my name, photograph, videotape or recordings for any publicity promotion purposes without obligation or liability to me family or me. I hereby apply for membership in the Springfield-Greene County Park Board's Skate Park. I agree to cooperate with the rules & regulations set by the Springfield Greene County Park Board. I have read this application and I hereby agree to comply with all obligations. I also fully understand that all membership fees are non-refundable and good for one calendar year.

Participant Signature: _____ Date: _____

Parent or guardian must sign if participant is under 18 years of age

