

**LOWA ANNUAL SKATE PARK AMENITY AGREEMENT  
AND WAIVER FORM  
EFFECTIVE 5/1/08-04/30/09**

**Member information (please print):**

User Name (LAST, FIRST NAME): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Lot Owner Name: \_\_\_\_\_ Section/Lot: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone number to be reached during business hours: \_\_\_\_\_

Phone number to be reached during skate park hours: \_\_\_\_\_

Annual user fee \$ \_\_\_\_\_

Emergency Contact Person and phone number(s) (please print):

\_\_\_\_\_

**WAIVER: We have read the rules and regulations regarding the Skate Park. We agree to abide by them and maintain a positive atmosphere that the Youth Activities Committee and LOWA staff are providing at the Skate Park. We hold Lake of the Woods Association, and any others associated with the LOWA Skate Park harmless in the event of an accident or injury.**

**In the event of a medical emergency, staff from Lake of the Woods Association, Security force, or Orange County Fire and Rescue stations are authorized to obtain treatment by qualified personnel and if circumstances warrant, allow transportation of the person to a hospital.** It is understood that this authorization covers only those situations that are true emergencies and only when the Lot Owner or Emergency Contact Person cannot be reached. It is further understood that the person whose signature appears below will be responsible for payment of medical care costs. It is also understood that a photocopy of this authorization will be as valid as the original.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian (if user is under 18 years old)** \_\_\_\_\_

**For office use only:** Date received: \_\_\_\_\_ by Cash \_\_\_\_\_ Check #: \_\_\_\_\_ Finance: \_\_\_\_\_ Confirmation letter: \_\_\_\_\_