



4915 Steptoe St. , Ste 600  
Las Vegas, NV 89122  
Ph. (702) 433-5544  
Fax (702) 433-7002

**One Day Pass**  
(Valid today only)

Please Print:

## Liability Release

Name of Participant: _____	
<small>First Name</small>	<small>Last Name</small>
Telephone: (    ) _____	Emergency #: (    ) _____
Name of Emergency Contact & Relationship: _____	
Street: _____	
City: _____	State: _____ Zip Code: _____

**FRACTURED/BROKEN/SPRAINED WRISTS, ANKLES, FINGERS, ARMS & LEGS ARE NOT UNCOMMON IN SKATEBOARDING, BMX, AND IN-LINE SKATING. DO NOT ATTEMPT ANYTHING BEYOND YOUR ABILITIES. SAFETY IS ALWAYS FIRST.**

HELMETS ARE REQUIRED AT ALL TIMES WHILE USING THE SKATE CITY FACILITY. SKATECITY STRONGLY ENCOURAGES THE USE OF SAFETY EQUIPMENT SUCH AS ELBOW PADS, KNEE PADS & WRIST GUARDS.

The undersigned person(s) do hereby agree to save harmless from all claims, demands, causes of action, damages, liability, or thing whatsoever arising out of any injury or accident sustained by said minor or adult, while utilizing any facilities located on or within the property of 4915 Steptoe St. #600 Las Vegas, Nevada 89122.

We the undersigned, accept and assume all risks of injury that we may sustain in entering the premises of 4915 Steptoe Street, and we do ourselves, our heirs, and personal representatives forever release and discharge the owners, operators, employees and all others from any actions, suits, damages, claims, attorney fees, or judgements that may result from any personal injury while on the premises or in the use of any facilities located on said premises.

I, the undersigned, understand the above paragraphs and do hereby release all liabilities resulting from personal actions, actions of others, or any actions by Skatecity but not limited to. I, in a sound state of mind, not under the influence of drugs and am not being forced against my will or pressured into releasing all of my claims against any agent, insurer, employee, patron, and any other companies that have any affiliation with Skatecity but not limited to the above listed.

By signing below, I understand I will be responsible for any and all actions performed by myself or my child. I also guarantee I am the parent or legal guardian of the participant & I will be held liable for any liabilities is such circumstances.

Date:    /    /	Drivers License #: _____
<small>STATE</small>	
Signature (18 yrs or older): _____	
Signature of Parent or Guardian: _____	