

AUTHORIZATION, RELEASE AND INDEMNITY
GAPS ENTERPRISES D/B/A GAPS SKATEPARK

I/We am/are the parent(s) and legal guardian(s) of the applicant described in this application. The health history described below is correct to the best of our/my knowledge and the applicant described in the application has our/my permission to engage in the sport of freestyle gymnastics on bicycles, skateboards, inline skates and/or similar devices at Gaps Enterprises LLC D/B/A Gaps Skatepark ("Park") located at 20 Furniture Row, Milford, CT 06460 ("Premises"). I understand that, as in all sports, there is a risk of physical injury and damage to property and I hereby assume such risk and all consequences thereof including the risk of personal injuries to the applicant resulting from participating in this sport and agree to be fully responsible for any personal injury or damage to property arising out of or in connection with the applicant's use of the facilities of Gaps Skatepark regardless of the cause, causes or contributing causes of such injury or damage to this end. I/we, as parent(s) and legal guardian(s) of the applicant, on behalf of myself/ourselves and of the applicant, a minor, hereby release, discharge and covenant to hold harmless Gaps Enterprises LLC D/B/A Gaps Skatepark, herein referred to as Gaps Skatepark, and any other entity that is the landlord or sublandlord of the premises and all of the employees, officers and directors, agents and successors and assigns of the above from any and all claims, causes of action, actions, demands, damages, costs, loss and expenses (including reasonable legal fees) which the applicant, ourselves/myself, individually or as parent(s) and legal guardian(s) of the applicant, or any third party may suffer or incur which in any way arises out of or in connection with applicant's use of the premises, regardless of the cause, causes or contributing causes of such injury or damages said release, discharge and arising or prosecuted before or after said minor applicant has reached his or her age of majority.

I/we further promise and covenant (jointly and severally) for myself/ourselves, individually and as legal guardian(s) of the applicant and my/our heirs, administrators and executors not to sue in any name or capacity (or to implead in any action) said Gaps Enterprises LLC D/B/A doing business as Gaps Skatepark or any other entity that is the landlord or sublandlord of the premises and/or employees, officers, directors, agents or successors and assigns of any of the above for damages or injury to the property or person of the applicant or to myself/ourselves arising out of or in connection with the applicant's participation in the freestyle activities at the premises, regardless of the cause, causes, or contributing causes of such injury or damage.

NAME (last) (first) (DOB): _____

ADDRESS TOWN ST ZIP: _____

PHONE: HOME WORK BEEPER/CELL: _____

HEALTH INSURANCE : _____

ANY HEALTH CONCERN (Explain in detail): _____

ALLERGIES: _____

PARENT/LEGAL GUARDIAN/APPLICANT

(SIGNATURE): _____

PRINT NAME: _____

ID OF ABOVE: _____

NOTARY REQUIRED IF WAIVER NOT SIGNED AT GAP'S SKATEPARK

(SEAL REQUIRED)