



**Badfish Roller Derby Visiting Skater
LIABILITY & FACILITY WAIVER & ACKNOWLEDGEMENT of RISK**

Legal Name: _____
Print Legibly

Skater Name (if applicable): _____

Emergency #: () _____

League Affiliation (if applicable): _____

Medical: It is the responsibility of the undersigned to ensure that s/he is medically fit to participate in strenuous on-rink 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 s/he has no known conditions that prohibit or limit participation in any derby/skating activities held by or in association with roller derby events. **Participant skates at own risk and is solely responsible for all insurance coverage.** Participant certifies that they have adequate insurance to cover any injury or damage they may cause or suffer while participating in, or activities associated with, on-rink or off rink- activities. **It is required by Badfish Roller Derby (BFRD) that all on-skates participants carry their own personal medical and/or accident insurance.**

Equipment and Skates: Participants must wear the following mandatory safety equipment during all on-rink activities and practices: Knee, Elbow and Wrist Pads, Helmet, and Mouth guards. The undersigned must take full responsibility in wearing the aforementioned safety equipment at all times while on skates and that it is properly worn.

Instruction: The training, opinions, findings, and conclusions offered are that of the speaker and do not imply medical expertise or acceptance of any liability. The materials and information presented are for informational purposes only and are not legal advice or counsel. Information gathered should be modified to fit your own personal needs, athletic competence, health concerns and limitations, and state requirements. **All skaters should execute proper safety precautions prior to attempting any skills demonstrated or shown. All participants skate solely at their own risk.**

Indemnification and Risk Acknowledgment: In consideration of being allowed to participate in any way in roller derby related events and activities, or my use of BFRD equipment or facilities, including any such claims which allege negligent acts or omission of BFRD, the undersigned acknowledges and agrees that:

1. The risk of injuries from the activities involved in roller derby is significant, including the potential for permanent paralysis and death, and 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 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 behalf of my heirs, assigns, personal representatives and next of kin, HEREBY
5. VOLUNTARILY RELEASE, FOREVER DISCHARGE, AGREE TO INDEMNIFY, DEFEND ON DEMAND AND HOLD HARMLESS BADFISH ROLLER DERBY, their venues, coaches, skaters, officers, officials, agents, and/or employees, other participating skaters and officials, sponsoring agencies, sponsors and advertisers ("RELEASEES") WITH RESPECT TO ANY AND ALL CLAIMS, DEMANDS, CAUSES OF ACTION, INJURY, DISABILITY, DEATH, or loss, or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
6. I, for myself and on behalf of my heirs, give permission to the league to authorize emergency medical treatment as it may be deemed necessary.

I HAVE READ THIS LIABILITY & FACILITY WAIVER & ACKNOWLEDGEMENT OF RISK AND 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 Signature _____

Date Signed _____