

EXIST SKATEPARK
1 Mount Pleasant, Swansea
SA1 6EE

Shop Telephone: 01792 654 586

Email: info@existclothing.com

Website: www.existclothing.com

Parental/Medical Consent Form

PLEASE READ THIS CAREFULLY -

IT IS A PARENTAL/MEDICAL CONSENT FORM.

CHILDREN UNDER THE AGE OF 16 YEARS MUST HAVE A PARENT OR
LEGAL GUARDIAN COMPLETE THIS, IT IS WRITTEN IN TWO
DISTINCTLY SEPARATE PARTS.

PART 1: PARENTAL CONSENT

Inline skating, skateboarding and BMX riding can be dangerous sports.

Please be aware that by signing this consent form you accept that the
child/yourself can use the facilities at EXIST SKATEPARK totally at their/your
own risk and you will not hold EXIST SKATEPARK liable in any way whatsoever
for any injuries that result from using or spectating at these facilities.

Children under the age of 14 will be required to wear a helmet, knee and elbow
pads.

PERSONAL DETAILS:

NAME:.....

ADDRESS:.....

TOWN:.....

POSTCODE:.....

TEL No:.....

PARENTAL OR GUARDIAN WORK/MOBILE No:
.....

DATE OF BIRTH:.....

I understand the conditions above or,

I hereby give my child permission to use the facilities at EXIST
SKATEPARK.

SIGNED PARENT, LEGAL GUARDIAN OR OTHER:.....

Print Name:..... DATE:.....

WHAT ACTIVITY WILL YOU BE USING AT EXIST SKATEPARK?

Skateboarding

Inline skating

BMX riding

PART 2: MEDICAL CONSENT FORM

If you sign this part of the form you will be giving permission for EXIST
SKATEPARK to obtain medical help for you/your child in the event of an injury
or illness.

**DO NOT SIGN IF YOU DO NOT WISH TO GIVE EXIST
SKATEPARK THE AUTHORITY TO SEEK MEDICAL ATTENTION
FOR YOUR CHILD IN THE CASE OF INJURY OR ILLNESS.**

If you do not sign this authority no medical consent for treatment can or
will be given by EXIST SKATEPARK. By signing this part of the form you
are accepting that you will not hold EXIST SKATEPARK liable for any acts
omissions or adverse results of any medical treatment administered.

In the case of medical treatment being provided for you/your child are there
any medical conditions or allergies that you want to make us aware of:

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.....
.....
.....

In the case of injury or illness I hereby give my consent for EXIST
SKATEPARK to authorise medical treatment for my child/myself

SIGNED PARENT ,LEGAL GUARDIAN OR OTHER:.....

Print Name:.....

DATE:.....

Phone consent - official use only

Relationship:.....

Contact Number:.....

Time:.....

Staff Signature:.....

Please return to:-

Exist

214 Oxford Street, Swansea

SA1 3BG