



Community Helping Hands, Inc.
The Gateway Center
 31 Water Street ▪ Jamestown, New York 14701
 Phone: 716.487.1488 ▪ Fax: 716.665.5944
 Email: office.chh@gmail.com
 (CHH is a 501(c)(3) not-for-profit corporation. Est. March 2001)



DECLARATION OF FITNESS TO PARTICIPATE IN SKATE PARK ACTIVITIES

I hereby declare that I am physically fit. I do not, and have not, suffered from any of the following conditions, which I understand may lead to a dangerous situation with regard to other persons or myself during Skate Park Activities, including but not limited to skateboarding, inline skating or BMX riding:

Epilepsy, fits, severe head injury, recurrent blackouts or giddiness, disease of the brain or nervous system, high blood pressure, lung or heart disease, recurrent weakness or dislocation of any limb, diabetes, mental illness, recent back injury, arthritis, and severe joint sprains, chronic bronchitis, asthma, rheumatic fever, thyroid, adrenal, or other glandular disorder, recent blood donation, or any condition that requires the regular use of drugs.

I hereby declare that I have no physical or mental condition that should preclude me from participating in my chosen activity, that I am not participating against medical advice or treatment and that I have not been diagnosed by a registered doctor as having a terminal illness.

I further declare that in the event that I feel ill or unwell, have any physical complaints whatsoever, or if an injury is sustained of any kind during the course of Skate Park activities, I will notify the senior Park Employee on duty immediately and before leaving the premises.

I have read the above Declarations, understand them, and I agree to be bound by them.

X _____ Date _____
(Signature of Participant) *(Name of Participant-Please Print)*

(Address of Participant) *(Contact Number)*

X _____ Date _____
(Signature of Parent/Guardian if Participant is a Minor, and by their signature, they on my behalf release all claims that both they and I have.) *(Name of Parent/Guardian-Please Print)*
 Date Signed: _____

IF YOU CANNOT SIGN THE ABOVE DECLARATION BECAUSE OF ANY OF THE ABOVE CONDITIONS, YOU MUST NOTIFY MANAGEMENT IMMEDIATELY PRIOR TO ENTERING THE SKATE AREA.

Attention of the Authorized Insured Only (counter-sign upon full and correct completion)

X _____ Date _____
(Counter-Signature of Authorized Insured) *(Name of Authorized Insured - Please Print)*