

WOODSTOCK YOUTH CENTER

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*Colony of the Arts*

TOWN OF WOODSTOCK, NY

Phone: (845) 679-2015 • Fax: (845) 679-8032

Website: [www.woodstockny.org](http://www.woodstockny.org)

SKATEPARK CONSENT AND WAIVER FORM  
WOODSTOCK YOUTH CENTER

I, \_\_\_\_\_ do hereby covenant and agree to release and hold harmless the Town of Woodstock from and against any and all liability, loss, damage, claims, or actions (including costs and attorneys fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of participation in the use of the Skate Park facilities.

I understand participation in use of the Skate Park facilities involves rigorous physical activity and risks of physical injury, and we assume these risks. I hereby give consent for emergency transportation and treatment in the event of illness or injury. I hereby accept responsibility for the payment of any emergency transportation or treatment on behalf of the participant. I further certify the participant is in good physical condition, and has no medical or physical conditions that would restrict his/her participation in the use of the Skate Park.

This consent and waiver form is made on behalf of:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Township You Reside

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Emergency Contact Name

\_\_\_\_\_  
Emergency Contact Phone Number

\_\_\_\_\_  
Staff Initials