



BIB #

June 21-23, 2019

To benefit DC Inner City Excellence!

Registration Form

To Register:

1. Register online at www.skateoftheunion.org or
2. Mail one form per skater and payment (before 6/17) to
Skate of the Union, c/o Skater's Quest, PO Box 4417, Arlington, VA 22204

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

BIRTHDATE: _____ GENDER: MALE FEMALE

DISCIPLINE:  

TEAM/CLUB/RINK: _____ USARS #: _____

AGE CATEGORY:

- | | | |
|--|--|--|
| <input type="checkbox"/> Primary 8 & Under | <input type="checkbox"/> Juvenile 9-10 | <input type="checkbox"/> Freshman 11-13 |
| <input type="checkbox"/> Junior 14-18 | <input type="checkbox"/> Senior 19-24 | <input type="checkbox"/> Classic 25-34 |
| <input type="checkbox"/> Master 35-44 | <input type="checkbox"/> Veteran 45-54 | <input type="checkbox"/> Grand Veteran 55-64 |
| <input type="checkbox"/> Esquire 65-74 | <input type="checkbox"/> Grand Esquire 74+ | |

EVENT(S):

- | | |
|---|---|
| <input type="checkbox"/> \$60 Marathon | <input type="checkbox"/> \$10 5K |
| <input type="checkbox"/> \$40 Half Marathon | <input type="checkbox"/> _____ Donation to DC-ICE |

Please make checks payable to "Skater's Quest".

TOTAL ENCLOSED: \$ _____

Please save paper and print double-sided. Please sign waiver on reverse side.



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Acknowledgement of Risk

In consideration of the services of Skater's Quest, LLC., DC Inner City Excellence, Washington Area Roadskaters their officers, agents, employees, and stockholders, and all other persons or entities associated with those businesses (hereafter collectively referred to as "Skate of the Union") I agree as follows: Although Skate of the Union has taken reasonable steps to provide me with appropriate equipment and skilled guides so I can enjoy an activity for which I may not be skilled, Skate of the Union has informed me this activity is not without risk. Certain risks are inherent in each activity and cannot be eliminated without destroying the unique character of the activity. These inherent risks are some of the same elements that contribute to the unique character of this activity and can be the cause of loss or damage to my equipment, or accidental injury, illness, or in extreme cases, permanent trauma or death. Skate of the Union does not want to frighten me or reduce my enthusiasm for this activity, but believes it is important for me to know in advance what to expect and to be informed of the inherent risks. The following describes some, but not all, of those risks: Scrapes ("road rash"), bumps, bruises, & broken bones. Common injured areas are wrists, knees, elbows, tailbone, & head. I am aware that inline skating entails risks of injury or death to any participant. I understand the description of these inherent risks is not complete and that other unknown or unanticipated inherent risks may result in injury or death. I agree to assume and accept full responsibility for the inherent risks identified herein and those inherent risks not specifically identified. My participation in this activity is purely voluntary; no one is forcing me to participate, and I elect to participate in spite of and with full knowledge of the inherent risks. I acknowledge that engaging in this activity may require a degree of skill and knowledge different from other activities and that I have responsibilities as a participant. I acknowledge that the staff of Skate of the Union has been available to more fully explain to me the nature and physical demands of this activity and the inherent risks, hazards, and dangers associated with this activity. I certify that I am fully capable of participating in this activity. Therefore, I assume and accept full responsibility for myself, including all minor children in my care, custody, and control, for bodily injury, death, or loss of personal property and expenses as a result of those inherent risks and dangers identified herein and those inherent risks and dangers not specifically identified, and as a result of my negligence in participating in this activity. I have carefully read, clearly understood, and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon me, my heirs, assigns, personal representative, and estate and for all members of my family, including minor children.

A signature is required for participation. If participant is under 18 years of age, a signature of a parent or guardian is required.

Signature of Adult Participant: _____

Participants Name: _____ (Please Print)

Parent/Guardian Signature (if applicable): _____

Parent/Guardian Name (if applicable): _____ (Please Print)

Date: _____