

**PRIME SKATEPARK COMMUNITY INTEREST COMPANY**

**UNDER 16s PARENTAL CONSENT FORM**

Participants membership number (if applicable)

Participants name [redacted] D.O.B

In the event of an emergency please contact (Name)

In the event of an emergency please contact (Phone number)

I (the parent / guardian) here by give my full consent for [redacted] to use the "PRIME SKATEPARK COMMUNITY INTEREST COMPANY".

I understand all safety aspects of the facility and fully understand that these activities are dangerous and can result in death & / or injury. I fully accept the risks involved and are responsible for their own actions & / or involvement. I have been advised to use safety equipment ie: helmet, Knee, Elbow, Wrist and back protection.

My consent is given until I (the parent / guardian) give notice to withdraw consent in writing to "PRIME SKATEPARK COMMUNITY INTEREST COMPANY".

I declare that my son / daughter is suitable to participate.

I will inform "PRIME SKATEPARK COMMUNITY INTEREST COMPANY" of any medical conditions below;

Medical notes:   
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**DECLARATION:**

Parents / Guardian

Name	Signature	Date
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