

LIABILITY WAIVER AND INDEMNIFICATION AGREEMENT
COALITION SKATEPARK, LLC

For good and valuable consideration, the receipt of which is acknowledged, I fully release and discharge Coalition SkatePark, LLC, CJ Sports, Inc., L&D Investments, LLC, Carl A. Johnson, Lisa M. Johnson, all employees, agents, volunteers, officers, directors, and owners from any and all claims or damages including claims or damages from injuries, death or property damages, which may occur in connection with the use of the facilities offered by Coalition SkatePark, LLC related to or arising from negligence, condition of the facilities, supervision, conduct of patrons or users or other reasons.

I represent that I fully understand the risks relating to use of the facilities as a skate park, including falling, tripping, colliding with objects or other patrons or users, and that I am responsible for my own safety.

I represent that I have selected the protective gear, including helmet, pads, gloves, and clothing that I feel is appropriate and necessary to participate in the use of the facilities.

I further agree to indemnify and hold harmless Coalition SkatePark, LLC, CJ Sports, Inc., L&D Investments, LLC, Carl A. Johnson, Lisa M. Johnson, all employees, agents, volunteers, officers, directors and owners from any and all claims or damages, costs, and medical expenses relating to the use of the facilities.

This release and indemnification agreement has no application to intentional injury or reckless conduct on the part of the released persons and businesses stated above.

I have been offered the opportunity to negotiate the terms
and conditions of this liability waiver and indemnification
agreement; however, I choose to accept the terms and
conditions of this agreement as they are, without negotiations.

**I HAVE READ THIS RELEASE AND UNDERSTAND ITS MEANING.
I HAVE VOLUNTARILY AND FREELY SIGNED THIS RELEASE.**

Name of Participant: (Printed) _____

Birthdate: _____

Signature of Participant if 18: _____

Parent or Guardian Signature: _____

Address: _____

Emergency Phone #: _____

E-Mail Address: _____

Date: _____

(Filed: _____)