

1st Annual Local Am Series and Music Festival Saturday March 30th 8:00 am - 9:00 pm

Location: North Port Skate Park - 5651 North Port Blvd, North Port, FL 34287 (Parking off Greenwood Ave)

8:00 AM Skateboarding Competition is open to registered participants. 8am to 11am will have open skate and warmup.

There are 12 spots for each of the 3 divisions. Empty spots needing to be filled will go to participants in a first come, first serve basis on the day of the event.

Pre-registration online will end on Friday March 29th 2019 at midnight; please email the completed signed registration form to waiver@srqamfest.com or if you have any questions.

Online Registrants should bring their email confirmation to the Check-In table by 10:30 am the day of the event.

NOTE: Parent's signature is required on the waiver for any registrant under 18. Parents must be present at the time of competition for any registrant under age 14.

HELMETS ARE REQUIRED FOR ALL PARTICIPANTS IN THIS COMPETITION

Competitor Information

Full Name: _____
First *Last*

Address: _____
Address *City/State* *Zip Code*

Phone: _____ Age: _____

Email _____

Parents Phone and Email if Under 18: _____

Division: Beginner Intermediate Advanced

Additional Information

There is a \$12.00 Early Bird Registration fee or \$15 on the day of the event. Registration is limited.

For more information please visit our event page at www.srqamfest.com.

Parking available off Greenwood Ave across from the Skate Park.

Emergency Contact Information

Full Name: _____
First *Last*

Address: _____
Address *City/State* *Zip Code*

Primary Phone: _____ Alternate Phone: _____

Relationship: _____

Classifications & Judging

These are general descriptions of the skill level for each division. Tricks may include but are not limited to those listed. All participants are welcome regardless of skill level. The description is only a guide to help you determine which division to sign up for. The event is for fun and there are no requirements for tricks.

Beginner:

Experience 0-2 Years

Tricks: Ollie, Kickflip, Pop Shuv-it

Intermediate:

Experience 3-4 Years

Tricks: Ollie, Kickflip, Pop Shuv-it, Grind, Flow

Advanced:

Experience: 5+ Years

Tricks: Ollie, Kickflip, Pop Shuv-it, Grind, Flow, Air and grab tricks, full use of park, etc.

Each participant will have two 45 second runs and will be judged on 5 different categories. 1) Technical Difficulty; 2) Overall Style; 3) Execution of Tricks; 4) Creativity; 5) Number of Tricks Landed. At the end of both runs, your scores will be totalled together and will be placed based upon your combined score.

WAIVER FOR COMPETITORS OVER THE AGE OF 18

ACKNOWLEDGEMENT OF RISK

I acknowledge and understand that skateboarding entails known & unanticipated risks, which could result in physical or emotional injury, paralysis, death or damage to myself, to property or to third parties. I understand that such risks cannot be eliminated without jeopardizing the essential qualities of the activity. In an effort to minimize those risks **I agree to wear a protective helmet at all times during this competition.**

THE RISKS INCLUDE, BUT ARE NOT LIMITED TO: (1) Nature of the activity. (2) Latent or apparent defects or conditions in equipment or property. (3) Use of property by myself, others (4) Acts of other participants in this activity. (5) My own physical condition, or own acts or omissions. (6) Conditions of the facility & surrounding grounds or terrain and accidents connected with their use. (7) First Aid emergency treatment or other services.

I expressly agree and promise to accept and assume all the risks existing in this activity. My participating in this activity is purely voluntary and I elect to participate in spite of the risks.

I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Coastline Band LLC and the City of North Port, from any and all claims, demands or causes of action which are in any way connected with my participation in this activity or my use of the equipment or facilities.

By signing this document, I acknowledge that if anyone is hurt, or property damaged during my participation in this activity a court of law may find me to have waived my right to maintain a lawsuit against Coastline Band LLC and the City of North Port, on the basis of any claim from which I have released them herein.

Use of Likelihood

The undersigned hereby grants permission to Coastline Band LLC the right to use his or her voice and/or likeness and photographs taken at this event for advertising or promotional materials feature use including radio, television video tape, newspaper, magazines, programs, newsletters, print advertisements web and all other media throughout the world in perpetuity.

I AM AT LEAST 18 YEARS OLD AND HAVE HAD SUFFICIENT OPPORTUNITY TO READ THE ENTIRE DOCUMENT. I HAVE READ AND UNDERSTOOD IT, AND I AGREE TO BE BOUND BY ITS TERMS.

Signature of Participant:

_____ Date: _____

Print Name _____

WAIVER FOR COMPETITORS UNDER THE AGE OF 18

PARENT/GARDIAN WAIVER: I understand that I have signed my child/ward up for the **SRQ Am Series Competition**, yet I take full responsibility for my child's/ward's actions and physical conditions. I agree to indemnify and to hold the Coastline Band LLC and The City of North Port and all its officers, volunteers and agents harmless from any liability, loss (including any personal and or property damage), cost of expenses (including attorney's fees, medical and ambulance costs, etc) that may arise while they are participating at the **SRQ Am Series Competition**.

I also understand and agree that my child's/ward's photograph may be taken while they are participating at the **SRQ Am Series Competition**, and/or Music Festival event, and such photos may be used for promotional publication purposes.

I hereby release Coastline Band LLC and The City of North Port, and all its officers, volunteers and agents from any responsibility or liability in connection with my child's participation at the **SRQ Am Series Competition**.

MEDICAL RELEASE: I give permission to a licensed physician or other hospital staff members to carry out emergency medical care deemed necessary to myself/child/ward when normal permission is unavailable. I certify that my child/my ward is in good physical health and has no limitation, which may predispose my child/my ward to risk during his/her participation at the **SRQ Am Series Competition**. I understand that if my child prevents staff from safely supervising our child or others, or becomes harmful to him/herself, staff, and other competitors this child may be released from Competition. The decision to remove a child from competition will be based on the discretion of the **SRQ Am Series Competition** volunteers, judges and/or Staff.

Signature of Parent/Guardian:

_____ Date: _____

Print Name _____

Parent's Phone _____

All participants 14 and under must have a parent present at this event in order to compete.