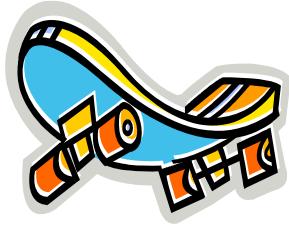


Lawrence Skate Board Competition And Safety Clinic Saturday, May 17



Schedule of Events

Safety Clinic.....9-10 a.m.
 Registration Begins.....9-10 a.m.
 Novice Competition.....10-11:30 a.m.
 Intermediate Competition.....11:30 a.m.-1p.m.
 Advanced Competition...1-2:30 p.m.

**Location: Skate Park at Centennial Park
 6th St. & Rockledge Rd.
 Free to public
 Lunch will be provided after the event**



- **Open registration the day of the events**
- **Maximum of 40 entries in each division**
- **In the event of rain the competition will be Sunday, May 24. All times remain the same.**
- **Cancellation will be announced on KLWN and at 832-7999, #5**
- **ALL COMPETITORS ARE REQUIRED TO WEAR A HELMET!!!**

Each skater will be allowed two 60-second runs. The skater will be judged on the difficulty of their tricks, consistency and individual style. Awards will be given to the top three finishers in each division.

Hand Deliver or mail forms to:
 Holcom Park Recreation Center
 2700 W. 27th St.
 Lawrence, KS 66047

Lawrence Parks & Recreation Skateboard Competition

Name _____ M/F _____

Address _____
Street City State Zip

Phone _____ Current Grade _____ Age _____ School _____

Division (please check one) Novice _____ Intermediate _____ Advanced _____

In consideration of my (and/or my child's) participation in this activity, I hereby release and discharge the City of Lawrence, Kansas, White Chocolate, and Safe Kids Coalition, from any and all liability arising from accident injury and illness that, I (or my child/children) may suffer as a result of participation in such activity. I further agree to indemnify and hold harmless City of Lawrence, White Chocolate, and Safe Kids Coalition employees from any and all claims resulting from injuries, damages, and losses sustained by me (and/or my child/ children) arising out of, connected with, or in any way associated with the activity. In event of emergency, I authorize City officials to secure from any licensed hospital, physician or medical personnel any treatment deemed necessary, for me (and /or my child's) immediate care and agree that I will be responsible for payment of any and all medical services render.

 Parent/Guardian Signature

 Date