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# **Washington Township**

## Washington Township, Franklin County, Pennsylvania 13013 Welty Road, Waynesboro, PA 17268

717-762-3128 | Fax: 717-762-1775

# Pine Hill Regional Recreation Area | DUNLAP FAMILY Skatepark

## **RULES & REGISTRATION**

- This facility is for skateboarders and in-line skaters only. Bicycles, scooters and motorized vehicles are **not** permitted.
- Appropriate protective gear must be worn at all times. (Helmet, knee pads, elbow pads, wrist guards and shoes)
- \* All first-time visitors must read, understand, and sign park waiver and park rules agreement prior to entering the skatepark.
- \* All skaters must skate responsibly; the skatepark will not be supervised. Use of the skatepark will be at user's own risk.
- Use of the skatepark shall only be permitted in accordance with the dates and hours posted.
- Thildren under the age of seven (7) must be accompanied by an adult.
- No skating or rollerblading is permitted when equipment is wet and/or icy; the facility may also be closed to allow for reasonable inspection and maintenance.
- Use of drugs, alcohol, profanity, smoking, abusive language and/or vandalism is strictly prohibited and shall result in permanent expulsion from this facility and all other penalties provided for to the fullest extent of the law; fighting and other aggressive or disruptive behavior will result in permanent expulsion from this facility.
- To food, drink, backpacks, pets or amplified music is allowed within the skatepark facility.
- Fersonal ramps, rails, boxes or other apparatus are prohibited.
- \* All participants must skate in a manner as to avoid collisions with other skaters.
- Users must be registered at the Township and provide proof of registration upon request.
- Waiver and Release of Liability form MUST be filled out completely, signed, and returned to the Washington Township Office before using the park.
- \* Hours of Operation: 10 a.m. to 30 minutes prior to sunset.

I have read a	and understand all p	ark rules and agree to	abide by and follow	all rules.
Sig	gnature	Print Nam	<del></del>	Date
Address:	Street	City	State	Zip
Emergency C	ontact Person:			
		Name	Ph	none

#### MINOR RELEASE

(If under 18, parent or guardian must read and sign.)

I, the parent or legal guardian, understand the rules and accept full responsibility and liability for the minor's actions.

Signature	Print Name	Date