

# Rollerskating Personal Protective Equipment Disclaimer



I recognise that Center Parcs recommends the use of helmet, elbow, wrist and knee pads during roller sessions and provides all of these items free of charge along with a member of staff to assist with fitting if necessary.

I confirm I have chosen to either wear ALL protective equipment provided or NOT to wear some or all of the protective equipment available to me during the roller session, or that I allow a person under eighteen years of age to take part in the roller session without wearing some or all of the protective equipment available to them.

Session Date: DD / MM / YYYY      Session Time: \_\_\_\_\_

Village: SF / EF / LF / WF / WO - Circle Correct Village				Please tick if ALL WORN	Please tick equipment NOT WORN					Signature or guardian signature	Date
Guest Name	Villa Number	Adult (please tick)	Child (please tick)	WORN ALL Helmet, Elbow, Wrist and Knee pads	Helmet	Elbow Pads	Wrist Pads	Knee Pads	All		
1		<input type="checkbox"/>	<input type="checkbox"/> Age:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		DD / MM / YYYY
2		<input type="checkbox"/>	<input type="checkbox"/> Age:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		DD / MM / YYYY
3		<input type="checkbox"/>	<input type="checkbox"/> Age:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		DD / MM / YYYY
4		<input type="checkbox"/>	<input type="checkbox"/> Age:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		DD / MM / YYYY
5		<input type="checkbox"/>	<input type="checkbox"/> Age:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		DD / MM / YYYY
6		<input type="checkbox"/>	<input type="checkbox"/> Age:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		DD / MM / YYYY
7		<input type="checkbox"/>	<input type="checkbox"/> Age:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		DD / MM / YYYY
8		<input type="checkbox"/>	<input type="checkbox"/> Age:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		DD / MM / YYYY
9		<input type="checkbox"/>	<input type="checkbox"/> Age:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		DD / MM / YYYY
10		<input type="checkbox"/>	<input type="checkbox"/> Age:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		DD / MM / YYYY
11		<input type="checkbox"/>	<input type="checkbox"/> Age:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		DD / MM / YYYY
12		<input type="checkbox"/>	<input type="checkbox"/> Age:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		DD / MM / YYYY