

**LAP SWIM/AQUAFIT  
ADULT LIABILITY FORM**

**BEAR VALLEY SPRINGS ASSOCIATION**

**ASSUMPTION OF RISK, RELEASE FROM LIABILITY, AND INDEMNIFICATION AGREEMENT**

I, **(NAME)** \_\_\_\_\_ am an adult who voluntarily seeks to participate in the activities and facilities within the Bear Valley Springs Association as a Property Owner.

TRACT/LOT: \_\_\_\_\_ email: \_\_\_\_\_

**1. Assumption of Risk.** I hereby acknowledge that my participation in the Activity gives rise to risk of bodily injury to myself and other hazards including damage to or loss of personal property, and I further acknowledge that I knowingly and voluntarily assume the risk of the same.

**2. Release from Liability.** I hereby fully RELEASE, WAIVE and DISCHARGE the Association, its' members, directors, officers, representatives, administrators, clubs, agents, partners, employees, attorneys, insurers, successors and assigns (collectively referred to as "Association"), FROM ANY AND ALL LIABILITY based on, arising out of or occurring in connection with my participation in or the Association's provision of allowing the Activity. For purposes of this Agreement, the term LIABILITY shall refer to and include all past, present or future claims, damages, actions and causes of action, of whatever kind or nature, including, but not limited to, claims based on the active or passive negligence of the Association, including wrongful death and other claims that may be filed on behalf of or for myself.

**3. Indemnity.** I hereby agree to INDEMNIFY and HOLD HARMLESS the Association, its' members, directors, officers, representatives, administrators, clubs, agents, partners, employees, attorneys, insurers, successors and assigns, FROM ANY AND ALL CLAIMS, DAMAGES, ACTIONS, CAUSES OF ACTION, LIABILITIES, LOSSES, COSTS, ATTORNEYS' FEES AND ANY OTHER EXPENSES based on arising out of or in connection with my participation in the Activity.

**4. Emergency Medical Care.** I give my permission to the Association, its' employees, agents, and representatives, and/or the person or entity engaged to conduct the activity, to obtain emergency medical care for me, if considered by them to be necessary. In case of an emergency, the following person(s) should be contacted:

1) Name:

2) Name:

Phone:

Phone:

Relationship:

Relationship:

**I have read and agree to the Off Season Aquatics BVSA Pool Rules and Procedures for 2017-2018.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Home/Cell: \_\_\_\_\_