

MINOR – SWIMMER



**BEAR VALLEY SPRINGS ASSOCIATION
ASSUMPTION OF RISK, RELEASE FROM
LIABILITY, INDEMNIFICATION AND PERMISSION
FOR MEDICAL TREATMENT AGREEMENT
(FOR MINOR)**

I, _____, hereby warrant that I am the parent/legal guardian of _____ (the "Minor"). I hereby agree, on behalf of myself and Minor, that Minor voluntarily seeks to participate in activities and use the facilities within the Bear Valley Springs Association ("Association"). As a condition of Minor's participation in the Activity, I hereby further agree, on behalf of myself and Minor, as follows:

- Assumption of Risk.** I hereby acknowledge, on behalf of myself and Minor, that Minor's use of the Facility and participation in the Activity give rise to risk of bodily injury to Minor and other hazards (including damage to or loss of personal property). I further acknowledge that I knowingly and voluntarily assume the risk of the same on behalf of myself and Minor. **Initial** _____
- Release from Liability.** I hereby fully **RELEASE, WAIVE and DISCHARGE** the Association, its members, directors, officers, representatives, administrators, 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 use of the Facility and participation in the Activity. For purposes of this agreement, other than for gross negligence of the Association, 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 claims based on the active or passive negligence of Association and/or wrongful death and claims that may be filed on behalf of or for Minor. **Initial** _____
- Indemnity.** I hereby agree to **INDEMNIFY and HOLD HARMLESS** the Association, its members, directors, officers, representatives, administrators, agents, partners, employees, attorneys, insurers, successors and assigns, **FROM ANY AND ALL CLAIMS, DAMAGES, ACTIONS, CAUSES OF ACTION, LIABILITIES, LOSS, COSTS, ATTORNEYS' FEES AND ANY OTHER EXPENSES**, based on, arising out of or in connection with Minor's use of the Facility and participation in the Activity and any related activities. **Initial** _____
- Medical Treatment.** I give my permission for Minor to receive emergency medical treatment or surgical treatment and hospitalization if necessary, and that an attempt will be made to contact me or the person named below before taking such action. In case of an emergency, if I cannot be contacted at the telephone numbers listed below, the following person(s) should be contacted:
Initial _____

Name: _____ **Name:** _____
Relationship: _____ **Relationship:** _____
Phone: _____ **Phone:** _____

Signature of Parent _____ **Home Phone #** _____
Print Name _____ **Cell #** _____
Address _____ **Tract/Lot #** _____
Date _____

INSURANCE INFORMATION

Carrier Name: _____ **Policy No.** _____
Policy Holder Name: _____ **Policy Holder DOB:** _____