

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

I, _____, am an adult who voluntarily seeks to participate in the BVS 4th of July Celebration Activities July being offered thru the Bear Valley Springs Association.

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 or 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 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:

(Signature) _____ Home Phone# _____

(Print Name) _____ Cell Phone # _____

(Address) _____ Work # _____

Date: _____

INSURANCE INFORMATION

Carrier Name: _____ Policy No. _____

Policy Holder Name: _____ Policy Holder DOB: _____

