

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 the BVS, ("4TH OF JULY ACTIVITIES ") being offered within the Bear Valley Springs Association. As a condition of Minor's participation in the Activity, I hereby further agree, on behalf of myself and Minor, as follows:

1. **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 and death to Minor and other hazards. I further acknowledge that I knowingly and voluntarily assume the risk of the same on behalf of myself and Minor
Initial _____

2. **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, 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 _____

3. **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 _____

4. **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:
Name: _____
Phone: _____
Relationship: _____ **Initial** _____

(Signature) _____ Home Phone# _____

(Print Name) _____ Cell Phone # _____

(Address) _____ Work # _____

Date: _____

INSURANCE INFORMATION

Carrier Name: _____ Policy No. _____

Policy Holder Name: _____ Policy Holder DOB: _____