

**Liability Form, Minor**

**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:

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:  
**Initial** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Signature of Parent** \_\_\_\_\_ **Home Phone #** \_\_\_\_\_

**Print Name** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**Address** \_\_\_\_\_ **Tract/Lot #** \_\_\_\_\_

**Date** \_\_\_\_\_ **Guest of:** \_\_\_\_\_

**INSURANCE INFORMATION**

**Carrier Name:** \_\_\_\_\_

**Policy Holder Name:** \_\_\_\_\_ **Policy Holder DOB:** \_\_\_\_\_