



## West Springs/Cougar Ridge Community Association

### **MINORS' CONSENT TO PARTICIPATE AND HOLD HARMLESS AGREEMENT**

The minors listed by name below (hereafter referred to as "the minors") do hereby state that the minors wish to participate in activities sponsored by the West Springs/Cougar Ridge Community Association (hereafter "ASSOCIATION").

The ASSOCIATION has rules which govern and may restrict the activities in which the minors can participate. These rules include, but are not limited to the various Rules for specific and related activities at or in cooperation with the Association facility or third parties facility. I agree that ASSOCIATION can suspend participation if participants refuse to obey the directions of ASSOCIATION.

The ASSOCIATION makes no representations or claims as to the condition or safety of the land, structures or surroundings, whether or not owned, leased, operated or maintained by the ASSOCIATION. The minors' parent(s) or guardian(s) understands that all activities are VOLUNTARY and that the minors do not have to participate. It is understood that these activities are potentially dangerous or harmful to the minors' persons or property, and that by participating, the minors' parent(s) or guardian(s) voluntarily accept s and assumes the risk of injury to the minors or damage to the minors' property.

It is understood that the ASSOCIATION does NOT provide any insurance coverage for the minors' persons or property; and minors' parent(s) or guardian(s) acknowledge that they are responsible for the minors' safety and the minors' own health care needs, and for the protection of the minors' property.

In exchange for allowing the minors to participate in these ASSOCIATION activities and events, the minors by and through the under signed, agree to release from liability, agrees to indemnify, and hold harmless the ASSOCIATION, and any ASSOCIATION agent, officer or ASSOCIATION employee acting within the scope of their duties, for any injury to the minors' persons or damage to the minors' property.

This Release shall be binding upon the minors, their parent(s) or guardian(s), any successors in interest, and/or any person(s) suing on the minors' behalf. The minors' parent(s) or guardian(s) understand that this document is complete unto itself and that any oral promises or representations made to them concerning this document and/or its terms are not binding upon the ASSOCIATION, its officers, agents and/or employees.

### **PARENT OR LEGAL GUARDIAN MUST SIGN BELOW:**

I, the under signed, state that I am the parent or legal guardian of the minors whose names appear below. I understand that the above terms and conditions apply to said minors and to myself. I further understand that said minors cannot participate under ANY circumstances in any activity without

Family Liability Waiver



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parental consent where such participation is allowed by the Association. The minors will not be able to participate in any ASSOCIATION activities without entering into this agreement. This document is binding on myself, the said minors and any person suing on behalf of said minors.

Minor Legal Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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Minor Legal Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Minor Legal Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent /Guardian  
Legal Name (PRINT): \_\_\_\_\_

Parent /Guardian  
Legal Name (SIGN): \_\_\_\_\_

Home address of minors: \_\_\_\_\_ PC: \_\_\_\_\_

Home address of parents (if different): \_\_\_\_\_

Phone # \_\_\_\_\_ AHC #s \_\_\_\_\_

Secondary Emergency Contact name and phone number: \_\_\_\_\_

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

ASSOCIATION EVENT: Safe 4 Life, Self Defense Class

EVENT DATE(S): September 16, 2017

The collection of personal information on this form, and provided from time to time by the Undersigned, during the activity may be used for the following purposes: to solicit volunteers for the ASSOCIATION programs and activities; to recruit members and solicit renewal of membership; to solicit participation or membership the ASSOCIATION programs; and, to provide the ASSOCIATION program, including providing sufficient information to instructors and volunteers of the ASSOCIATION program so they may provide a safe environment; and to disclose and provide names and details of individuals (1) to instructors or other volunteers at the activities for the purpose of providing a safe environment, (2) to emergency medical or others to protect the health or safety of any participant.

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The purpose of the collection of the information is to provide contact and registration information for the activity and to use and disclose it as described above. The ASSOCIATION does not sell membership lists.

The name of a person in the ASSOCIATION who is able to answer questions about the collection of information is President. A copy of the ASSOCIATION privacy policy is available on request.