

MOUNTAIN SHADOWS RESIDENTS ASSOCIATION, INC. 2017 LIABILITY RELEASE AND MEDICAL RELEASE FORM

Name(s) _____

Name(s) of Minor(s) _____

Address _____

City, State, Zip _____

Daytime Phone Number: _____ Evening Phone Number: _____

Liability Release:

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, if applicable, as parent or legal guardian of the minor(s) listed above (hereinafter "Minors"), I hereby grant the permission necessary to allow the Minors to participate in activities and events conducted by and/or use the amenities operated by Mountain Shadows Residents Association, Inc. (MSRA) including, without limitation, any use of the pool, recreational areas and clubhouse in the Mountain Shadows neighborhood (the "Events"). In addition, I, in my own behalf and on behalf of such Minors, further agree to release and to hold harmless MSRA and its respective directors, officers, representatives, members, agents, employees and affiliates (hereinafter, collectively, the "Releasees") from any and all liability whether caused by the negligence of the Releasees or otherwise for any claim, judgment, loss, liability, cost and expenses (including, without limitation, attorney's fees, and costs) arising out of or connected with the Events, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and/or death) arising out of or connected with the Events. Further, in my own behalf and on behalf of such Minors, I expressly agree to indemnify and hold harmless the Releasees and their heirs, successors, assigns, executors and administrators against loss from any further claims, demands or actions that may subsequently be brought by me and/or the Minors or by any other persons on the account of damages of any character resulting to myself and/or the Minors in any way from the Events. I further agree to reimburse and to make good to the Releasees any loss or costs that the Releasees may have to pay as a result of any such action, claim or demand. I, in my own behalf and on behalf of the Minors, hereby warrant that I have read this Liability Release in its entirety and fully understand its contents. I, in my own behalf and on behalf of the Minors, am aware that this Liability Release releases the Releasees from liability and contains an acknowledgment of my voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf and on behalf of Minors, have signed this document voluntarily and of my own free will.

Signature: _____ Date: _____

Signature: _____ Date: _____

Medical Release:

I, in my own behalf and on behalf of the Minors, acknowledge and agree that the Events subject myself and the Minors to the possibility of physical illness or injury (minimal, serious, catastrophic and/or death) and that I, in my own behalf and on behalf of the Minors, acknowledge that I and the Minors are assuming the risk of such illness or injury by participating in the Events. In the event of such illness or injury, I authorize MSRA to obtain necessary medical treatment for myself and/or the Minors and hereby, in my own behalf and on behalf of the Minors, release and hold harmless the Releasees in the exercise of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of myself and/or the Minors for any illness or injury that I and/or the Minors may sustain during the Events. I represent that any medication to which I and/or the Minors are allergic or medications that I and/or the Minors are currently taking are listed below.

Medications (if any)• _____

Allergies (if any)• _____

Medical Conditions (if any)• _____

I, in my own behalf and on behalf of the Minors, hereby warrant that I have read this Medical Release in its entirety and fully understand its contents. I, in my own behalf and on behalf of the Minors, am aware that this Medical Release releases the Releasees from liability and contains an acknowledgment of my voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf and on behalf of the Minors, have signed this document voluntarily and of my own free will.

Signature: _____ Date: _____

Signature: _____ Date: _____