

# Bear Claw Valley Family Release Waiver



I, \_\_\_\_\_, as head of our family, ask that we may participate in all group and/or individual activities. As a condition of participation, I certify and acknowledge that it is my responsibility to provide health and accident insurance for myself and family. I expressly release Bear Claw Valley, its owners, and adult leadership from any claim or liability resulting from our participation in any and all activities here at Bear Claw Valley. In the event of an accident or illness in the course of such activities, I request that appropriate measure to be taken with out delay if I am not able to make those decisions myself. I understand that any damage to property or equipment at Bear Claw Valley by myself, or a member of my family, will be restored expeditiously at my expense.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Head of Family

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (home) \_\_\_\_\_ (work) \_\_\_\_\_

List family members name, age, and limitations.

	Age	Limitations (if any)
Father		
Mother		
Child		
Child		
Child		
Child		
Child		
Child		
Child		
Child		

We will retain this on file for future use and visits