

# Bear Claw Valley Individual Release Waiver



I, \_\_\_\_\_, ask that I may participate in all group and/or individual activities. As a condition of participation, I certify that I acknowledge that it is my responsibility to provide health and accident insurance for myself either personally or through my parent's policy. I expressly release Bear Claw Valley, its owners, the sponsoring institutions and adult leadership from any claim or liability resulting from my 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 will be restored expeditiously at my expense.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Participant

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent or Guardian

Address \_\_\_\_\_

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

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

List limitations of participant (if any).  
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We will retain this on file for future use and visits