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**STALLION SPRINGS**

**COMMUNITY SERVICES DISTRICT**

27800 STALLION SPRINGS DRIVE, TEHACHAPI, CA 93561

(661) 822-3268, FAX (661) 822-1878, sscsd@stallionspringscsd.com

**AGREEMENT, WAIVER,** HOLD HARMLESS AND RELEASE

In consideration for being permitted by the Stallion Springs Community Services District (hereafter referred to as, SSCSD) to participate in ***Recreational Swimming.* I** hereby waive, release and discharge any and all claims for damages for personal injury, death or property loss and/or damage which I may have or which may hereafter accrue to me, as a result of participation in said services. This release is intended to discharge in advance the SSCSD including its officers, employees, volunteers and agents) from any and all liability arising out of or connected in any way with my participation in said activities, even though the liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and hold harmless from any loss, liability, damage, cost or expense which they may incur as the result of my death or injury or property damage that I may sustain while participating in said activities.

**PARENTAL CONSENT**

I hereby consent that my son/daughter/ward participate in activities stated in the, "AGREEMENT, WAIVER, HOLD HARMLESS AND RELEASE" section of this article and I hereby execute the, "AGREEMENT, WAIVER, HOLD HARMLESS AND RELEASE" on their behalf. I state that said minor is physically able to participate in said activities. I hereby agree to indemnify and hold harmless from any loss, liability, damage, cost or expense which may incur as a result of death or injury or property damage that said minor sustain while participating in said activities.

Initials:

I agree to be financially responsible for any damages that my son/daughter/ward may cause.

Initials: \_\_\_\_\_\_\_\_\_\_\_\_

Both myself and my son/daughter/ward have received, read, and fully understand the rules and regulations of said event/services and agree by them and take direction from staff members.

Initials:\_\_\_\_\_\_\_\_\_\_\_\_\_

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, HOLD HARMLESS AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE STALLION SPRINGS COMMUNITY SERVICES DISTRICT AND I SIGN IT OF MY OWN FREE WILL.

Child's Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_ Child's Name: Age\_\_\_\_

Child's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_ Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_

 I am aware that my involvement in this activity though minimum contact, can pose a possible risk to the contraction of the COVID-19 Virus. I agree to the risk and will not hold the Stallion Springs Community Services District accountable should I contract the virus. I also agree to stay home and self isolate should I feel ill. If I have any symptoms, I agree to contact the Stallion Springs CSD should I feel ill so that the staff and others are aware of the possible exposure.

Signature of Parent/Legal Guardian of participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed:\_\_\_\_\_\_\_\_\_\_\_\_

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