



HIGHLANDS RANCH
COMMUNITY ASSOCIATION



Liability Waiver

I understand and accept that there are risks involved in participating in any recreational activity. I understand that this is an outdoor activity which may involve walking off trail in unimproved, natural areas and may involve numerous inherent risks of injury that are an integral part of such an activity. I assume full responsibility for all such risks. I understand that I may encounter variations in terrain which may result in injury or damages. I acknowledge that these are my responsibility and I assume the risk for these hazards including breaks, growth, debris, rocks, cliffs and other hazardous surfaces or subsurface conditions and obstacles whether they are obvious or not obvious, man-made or natural.

I am aware of those risks, and I am voluntarily participating in this activity with knowledge of the risks involved. I agree to accept any and all such risk of injury, death, and/or property damage. I agree to the terms of this waiver, release, covenant not to sue and indemnity agreement as set forth herein. In case of injury or illness, I give my consent to emergency transportation and the administration of first aid, medical and/or dental treatment. I accept responsibility for the payment of any emergency transportation, treatment expenses and all related or subsequent medical and/or dental bills. I acknowledge that Highlands Ranch Community Association, Inc. (Hereinafter "HRCA") has not purchased and does not provide any medical or accident insurance to cover such expenses. Any such insurance is my responsibility. I waive, release, absolve, indemnify, and agree to hold harmless HRCA, its members, officers, directors, employees, volunteers, agents, or any other representative of these entities against any and all causes of action, claims, demands, losses, expenses, ability.

Any photographs taken while participating in any program, recreational activity, or event are the property of the Highlands Ranch Community Association, Inc. and may be used at their discretion.

Activity: _____

Date: _____

Participant Name (Print)

Signature of Participant or Parent/Guardian if under 18

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