



HIGHLANDS RANCH
COMMUNITY ASSOCIATION

MEMBER PERMISSION Slip for Minors Ages 13-17

Parent or Legal Guardian's Name:

Address:

Zip:

Phone:

Email:

Emergency Contact:

Phone:

We, the undersigned, parents or legal guardian of _____
(Full Name), born on _____ **(Month/Day/Year)** hereby give our
permission for the minor child to utilize the weight room and cardiovascular areas located in the
Highlands Ranch recreation facilities.

We, the parents/guardian of the minor child, agree to hold harmless and indemnify the Highlands Ranch
Community Association and their respective officers, employees, agents, assigns, and volunteers from
and against all loss, liability, damage, and claims of injury to the minor arising out of, or in any way
related to the above activity or the use of any facility involved.

In the event of an injury, we do hereby concesnt to any x-ray examination, anethetic, medical or surgical
diagnosis or treatment, and hospital care, to be rendered to the minor under te supervision of any
liscensed physician, surgeon, paramedic, or emergency medical treatment.

Signature of Parent or Legal Guardian:

Date:

Staff Use Only:

Account Name:

Scanned HH Documents:

Install Date:

Staff Member:

(Staff use only)
Address: