



**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:**