ST. VRAIN LAKES METROPOLITAN DISTRICT NO. 1 MINOR RELEASE FORM

I, _____(Name of Parent or Legal Guardian) hereby affirm that I am the parent or legal guardian of the following minors between the ages of 12 and 17:

Name (Please Print)	Age	Birthdate
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As the parent or legal guardian of the above listed minor(s) aged 16 or 17, I hereby authorize the use of the St. Vrain Lakes Metropolitan District No. 1 (the "**District**") fitness equipment and Cove Fitness Area without my presence or the presence of another parent or legal guardian. Minors ages 16 - 17, as listed above, are allowed to work-out in The Cove Fitness Areas if they abide by The Cove Fitness Area Policies and Procedures. Misconduct or misuse of equipment will not be tolerated.

As the parent or legal guardian of the above-listed minor(s), aged 13 to 17, I hereby authorize their use of the District Swimming Pool without my presence and without the presence of another parent or legal guardian.

I further authorize/do not authorize minor(s) over the age of 16 to supervise, chaperone, and monitor above said minors in the pool area, without my presence and without the presence of another parent or legal guardian (check yes or no):

____ Yes ____ No Name(s) of minor(s) authorized to supervise: _____

In making such authorizations, I acknowledge and agree that any activities engaged in at the Swimming Pool by said minor will be wholly unsupervised by a lifeguard or other attendant and shall be at the minor's sole and unilateral risk. The District shall not be liable for any injuries or damages caused or incurred by said minor, or be subject to any claim, demand, injury or damages whatsoever, irrespective of cause or origin and the negligence of the District's agents, servants, assigns, or employees, or otherwise.

It is agreed and understood that a minor's unsupervised use of the above-indicated use of the Swimming Pool and/or Cove Fitness Area may be revoked at any time by the District Manager or Community Manager in the event that said minor disregards or otherwise violates any District rules, regulations, or policies, or otherwise engages in conduct inappropriate for use of the Swimming Pool or Cove Fitness Area.

By:(Signature of Parent of Legal Guardian)
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Property Address:	Property Add	ess:		

Date:			

Print Name:

[To Be Completed by District Staff]

Date Received: _____

Received By: _____

Outside User Fees Paid: _____

Additional Comments regarding Outside User Status: