

**ARCHDIOCESE OF LOS ANGELES  
ADULT CONSENT AND RELEASE FORM**

**SPONSORING LOCATION:** SAINT LAWRENCE MARTYR CATHOLIC CHURCH

**ACTIVITY:** PICKLEBALL

**PLACE:** 1940 S PROSPECT AVENUE REDONDO BEACH CA90277

**DATE:** \_\_\_\_\_

**RELEASE OF LIABILITY:** I, the undersigned below, in consideration of my participation in the Activity described above and any related activities (the "Activity"), wherever the Activity may occur, freely assume for myself and on behalf of my heirs, executors, administrators and next of kin, all risks incidental to such participation and hereby release, covenant not to sue, and forever discharge the Location, The Roman Catholic Archbishop of Los Angeles, a corporation sole, the Archdiocese of Los Angeles Education & Welfare Corporation and their employees, agents, volunteers and representatives ("Released Parties") of and from all liabilities, claims, actions, damages, costs and expenses of any nature arising out of, related to, or in any way connected with my participation in the Activity and/or any such related and associated activities, and further agree to defend, indemnify and hold each of the Released Parties harmless from and against any and all such liabilities, claims, actions, damages, costs and expenses including reasonable attorneys' and expert's fees and costs. I understand that this Release includes any claims based on the negligence, action, or inaction of any of the Released Parties and covers bodily injury (including, without limitation, death), property damage, and loss by theft or otherwise suffered by me either before, during or after participation in the Activity.

**CONSENT TO MEDICAL TREATMENT:** I declare that I am physically fit and physically and emotionally capable of participating in the Activity and any related and associated activities. I have no known medical needs, allergies, or dietary restrictions except as follows: \_\_\_\_\_

I also give permission to the responsible staff members, medical practitioners, and medical facilities to use their judgment in obtaining and providing medical treatment for me should it become necessary. I agree to relieve the Released Parties from liability in connection with this request. I understand that I am entirely responsible for the cost of all medical treatment provided to me. I agree to indemnify and hold the Location harmless from the cost of any medical treatment and related expenses and costs incurred.

**AUTHORIZATION AND RELEASE TO USE LIKENESS:** I further grant the Released Parties the right to photograph and video or audiotape me and further to display, use and otherwise exploit my name, face, likeness, voice, and appearance forever and throughout the world, in all media, whether now known or hereafter devised (including, without limitation, in online webcasts, television, motion pictures, films, newspapers, and magazines) and in all forms including, without limitation, digitized images, whether for advertising, publicity, or promotional purposes, including, without limitation, publication of Activity results and standings, without compensation, reservation or limitation.

Yes ☐ No ☐

**MISCELLANEOUS:** This Release shall be governed by the laws of the State of California, and any legal action related to or arising out of the subject matter herein shall be commenced exclusively in the Superior Court in and for Los Angeles County, California. I certify that I am eighteen (18) or older. If any provision of this Release shall be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Release and shall not affect the validity and enforceability of any remaining provisions.

**I HAVE READ, UNDERSTOOD AND ACCEPT THE CONDITIONS OF THIS CONSENT AND RELEASE:**

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Number: \_\_\_\_\_

Participant Printed Name: \_\_\_\_\_

Participant Number: \_\_\_\_\_ Participant Email: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

