



Release and Waiver of Liability Agreement: July 1, 2022-June 30, 2023

This form is required for each Participant. If the Participant is a minor (under 18 years of age) or legally incapacitated, a parent, legal guardian or authorized caregiver must sign this form.

Participant Name: _____ Age: _____ Date of Birth: _____

Participant Address: _____
Number Street City State Zip

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact: _____
Name Phone Number Relationship

Participant/guardian Email: _____

AGREEMENT, WAIVER AND RELEASE

1. I declare that I am physically able to participate in PPP sponsored activities.
2. I agree to observe and obey all rules, warnings, and oral instruction or directions provided by PPP staff, volunteers and coaches.
3. I recognize that while Released Parties (PPP staff, volunteers and coaches) have undertaken reasonable steps to reduce risk from activities and the transmission of communicable diseases, including but not limited to COVID-19, Released Parties are not responsible for injuries or other adverse impacts that may result from my participation in PPP activities or events.
4. I recognize there are certain inherent risks associated with PPP activities and assume full responsibility for personal injury to myself, family members, and other third parties during PPP sponsored transportation, programs, events or gatherings.
5. I agree to indemnify and defend PPP against all claims, causes of action, damages, judgments, costs of expenses, including attorney fees and other litigation costs, which may in any way arise from my or my family's participation at PPP events.
6. I agree to pay for all damages to the facilities, vehicles, or equipment of PPP caused by me or my family's negligent, reckless, or willful action.
7. I understand the Released Parties do not have medical personnel available at PPP activities and hereby grant them permission to administer first aid or authorize emergency medical treatment, as they deem necessary. Released Parties assume no responsibility or liability for any injury, damage or cost which might arise out such emergency medical treatment.
8. This agreement and waiver does not release any party from "gross negligence," as that term is used in applicable law.

In consideration for being permitted to participate in PPP activities and/or make use of PPP equipment. I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless PPP, their employees and volunteers from any and all claims, demands actions or suits arising out of or in connection with my participation in PPP sponsored activities. I have carefully read this release, hold harmless agreement not to sue and fully understand its contents. I am aware that it is a full release of all liability and sign it on my own free will.

CONSENT TO USE OF NAME OR LIKENESS

I hereby consent to Palms to Pines Parasports (PPP) the right to use my name, voice, signature, photograph, or likeness for any lawful purpose, including that encompassed by California Civil Code §3344. I understand that PPP may, at its sole discretion, make



recordings of my voice, and/or reproduce my physical likeness in any photograph, film, or video prepared or made while I participate in PPP's activities or events for use in connection promotional programs, advertisements, internet posts or broadcasts. My name, voice, photograph, or likeness may be used or incorporated for an unlimited period of time. I further understand and acknowledge that I have no right to any compensation for the use of my name, voice, photograph, or likeness.

Please sign below. If under the age of 18, must be signed by a parent, legal guardian or authorized caregiver.

Signature and date:

(Printed name and relationship if applicable)

Palms to Pines Parasports (PPP) does not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), marital status, sexual orientation, or military status, in any of its activities or operations. PPP events are designed for people with disabilities. Eligibility for participation in certain events is dependent upon the type and degree of disability.

Please provide a list of your medications/allergies. These may be provided to Emergency Technicians, if necessary.
