



Adult Waiver and Release of Liability for Participation in Faith Family Fitness – St. Norbert Church

I wish to participate in the Faith Family Fitness activities and related events. As a condition of my being allowed to participate, I hereby release & discharge the Diocese of Orange, its constituent organizations, including but not limited to The Roman Catholic Bishop of Orange, a Corporation Sole, St. Norbert Church & their officers, agents, employees & volunteers from all claims for personal injuries or property damage that I may suffer as a result of my participation whether or not such injuries or damages are caused by negligence (active or passive), of any of the entities and/or individuals named or described.

I, hereby warrant and represent that I am physically fit and capable of participating in such activity. I make this warranty and representation based on advice given me by a duly licensed medical doctor within the last six months. I agree that in the event that I am injured as a result of my participation, including transportation to and from sports, all related costs & expenses will first be had against any accident, hospital, medical, dental insurance plan of mine.

I agree to abide by the rules & regulations, policies & procedures, governing the above-described activity and to obey any instructions given by person or persons having supervision and control over the activity. I, hereby authorize the making of photographs, motion pictures, videotapes, recordings, or other memorializing of said sport event & my participation therein, and the publication & duplication or other use thereof. I understand if I lie, place false information and/or fail to meet the requirements to participate in the league and its rules, I may be removed (excused) from the activities without any refunds and at my own liability.

*I HAVE READ THIS REALEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS (ENGLISH-Adult Waiver and Release of Liability)

I ACCEPT (Initials)

Full Name (First and Last) Print: _____

Phone Number: _____

Signature: _____ Date _____

Date of Birth ____/____/____ Age: _____

Your email address: _____@_____