Wheatland Athletic Foundation

In consideration for being allowed to participate in the Flag Football Tournament organized by the Wheatland Athletic Foundation (hereinafter referred to as "the Event"), I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, acknowledge and agree to the following:

\_\_\_\_\_\_Assumption of Risk: I understand and acknowledge that participation in the Event involves certain inherent risks, including but not limited to physical injury, illness, paralysis, death, and property damage. I voluntarily assume all risks associated with my participation in the Event.

\_\_\_\_\_\_Release and Waiver: I hereby release, waive, discharge, and covenant not to sue the Wheatland Union High School nor the Wheatland Athletic Foundation, its officers, directors, employees, volunteers, agents, representatives, successors, and assigns (hereinafter collectively referred to as "the Released Parties") from any and all claims, demands, damages, actions, or causes of action arising out of or relating to any loss, damage, or injury, including but not limited to bodily injury, death, or property damage, that may be sustained by me or any property belonging to me, whether caused by the negligence of the Released Parties or otherwise, while participating in the Event.

\_\_\_\_\_\_Indemnification: I agree to indemnify, defend, and hold harmless the Released Parties from and against all liabilities, claims, damages, costs, or expenses, including reasonable attorneys' fees, arising out of, or relating to my participation in the Event, including but not limited to any injury or damage suffered by third parties as a result of my actions or omissions.

\_\_\_\_\_\_Medical Treatment: In the event of any injury or illness, I authorize the Released Parties to administer or seek medical treatment on my behalf, including but not limited to first aid, CPR, and the calling of emergency medical services.

\_\_\_\_\_\_Photographic Release: I grant the Wheatland Athletic Foundation the right to take photographs and/or video recordings of me during the Event and to use such materials for promotional purposes without compensation to me.

\_\_\_\_\_\_Governing Law: This waiver shall be governed by and construed in accordance with the laws of the State of California.

Acknowledgment of Understanding: I have read this waiver, fully understand its terms, and acknowledge that I am giving up substantial rights, including the right to sue. I acknowledge that I am signing this waiver freely and voluntarily and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Participant's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature (if participant is under 18 years old): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name (if participant is under 18 years old): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_