

**Archdiocese of Miami**  
**Athletic Participation Consent and Release**

Name of Participant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) - \_\_\_\_\_

Description of Athletic Activity: ColorMe Knights! Family Fun Run/Walk

I hereby freely and voluntarily consent to participation in the athletic activity described above. I agree to assume all financial responsibility for participation in the athletic activity and hold Nativity Catholic Church, Archdiocese of Miami, Inc., Archbishop Wenski and all of their corporate members, affiliated entities, employees, officers, directors, and agents ("Archdiocese") harmless for all costs incident to my participation in this athletic activity.

I, the undersigned, a participant in the athletic described above, do waive, hold harmless and release Archdiocese from liability for any injury, accident, or damages stemming from any act or omission of any individual or the condition of the Property. I also release Archdiocese and agree to indemnify them with regard to any financial obligations incurred by my acts or omissions.

I understand that athletic activity involves some risk, and I hereby agree to assume and consent to such risk. I hereby waive and release Archdiocese for any injuries, damages, or losses incurred in connection with actions, omission or conditions or developments, or any other actions, omissions or conditions within or outside Archdiocese's control. By my participation in this program I voluntarily assume all risks involved in such activity, whether expected or unexpected. I hereby acknowledge that I have been warned of such risks, and that I have been advised to take appropriate action and to govern myself accordingly.

I hereby grant Archdiocese full authority to take whatever actions they may consider in their sole discretion to be warranted under the circumstances concerning my health and safety and I specifically and fully release each of them from any liability for such decisions or actions as may be taken in connection therewith. I authorize Archdiocese at their discretion, to place me at my own expense and without further consent, in a hospital that is readily available or to place me in the hands of a physician or other individual for treatment, should the need arise, at my expense. I have read the terms and conditions set forth by Archdiocese and I agree to be bound by them.

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

[If participant is under 18 years of age] I certify that I am the parent or legal guardian of the above-signed participant, and that I have read the foregoing consent and release and examined the information in the description. I hereby join in each and every part of this Consent and Release (including such part as may subject me to personal financial responsibility) and hereby relinquish any claims that I may have against Archdiocese as set forth above, both in my own behalf and in my capacity as legal representative (as applicable) of the participant. I agree that if any portion of this document is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

Signature of Parents/Guardians: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_