

**RELEASE OF CLAIMS
SUMMER CLINICS & OPEN GYM PROGRAM**

In exchange for and in consideration of the opportunity for my minor child to participate in the 2015 Summer Open Gym Program for basketball and volleyball (the "Activity") sponsored by Immaculate Conception Parish, 37940 Euclid Ave., Willoughby, Ohio 44094 and Our Lady of Mount Carmel Parish, 1730 Mount Carmel Dr., Wickliffe, Ohio 44092 (the "Parishes") I hereby agree to the following:

- I understand the scope and nature of the Activity, that the Activity involves vigorous physical/athletic activity, and that the Activity involves, among other things, physical contact with others and with equipment.
- I recognize, as with any activity, the possibility and risk of injury associated with my child's/children's participation in the Activity and that such injury can include, but is not limited to, serious bodily injury, permanent disability, paralysis, and death.
- I understand that such injuries can occur for any number of reasons which are both foreseeable and unforeseeable and which include, but are not limited to, my child's/children's own actions or inaction, the actions or inaction of others (whether negligent, intentional, or otherwise), and equipment failure.
- I understand that, but for the agreement of the parents like me/us to release any claims arising out of the Activity, the Parishes would not sponsor the Activity.
- I understand that the Parishes receive no economic benefit from the Activity and merely wishes to provide a recreational opportunity for children of the Parishes and of Mater Dei Academy.
- I and my spouse assume, for ourselves and on behalf of our minor child/children, all risks in connection with my child's/children's participation in the Activity.
- To the fullest extent allowed by law, I, on behalf of myself, my spouse, my minor child/children, as well as our respective heirs and assigns, executors, all other legal representatives and any others claiming through us or on behalf of us, hereby agree to release, discharge, hold harmless and indemnify the Parishes, the Roman Catholic Diocese of Cleveland, the Bishop of the Roman Catholic Diocese of Cleveland, as well as their respective clergy, officers, employees, agents, representatives, attorneys, sponsors, and volunteers from and against all claims, judgments, liability (of any nature or extent) which in any way arise out of or relate to my child's/children's participation in the Activity, whether foreseen or unforeseen, regardless of the cause (including, but not limited to, the negligence of any person).
- I understand that it is my responsibility to carry appropriate medical insurance for my child/children and that such is not the responsibility of any other person or party, including, without limitation, the Parishes or the Diocese of Cleveland.

By signing below I agree that I have read and fully understand this Release and agree to all of its terms.

Name of Minor Child Participating:_____

Name of Minor Child Participating:_____

Name of Minor Child Participating:_____

Name of Minor Child Participating:_____

Parent Signature:_____

Date:_____

Print Name:_____

Parent Signature:_____

Date:_____

Print Name:_____