## **ACCIDENT WAIVER AND RELEASE OF LIABILITY**

Insured: Los Angeles Pétanque Club

Sport Activity: Pétanque

I acknowledge that this sport is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of athletes, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent in athletics, but are also present for volunteers.

I hereby assume all of the risks of participating and/or volunteering in this sport's events.

I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently trained for participation in the event, and have not been advised otherwise by a qualified person.

I acknowledge that this Accident Waiver and Release of Liability form will be used by the event holders, sponsors, and organizers in which I may participate and that it will govern my actions and responsibilities at said events.

In consideration of my application and permitting me to participate in this sport, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

To waive, release, and discharge from any and all liability for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter accrue to me, including my traveling to and from events, the following entities or persons: Los Angeles Pétanque Club, its officers, directors, board members, members, volunteers, agents, representatives, employees, sponsors, and all sanctioned events.

This release expressly includes any claims arising from negligence, carelessness, or any other act or omission of the above-named parties, to the fullest extent permitted by law.

I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident, and/or illness during this event.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and assigns.

This Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I hereby certify that I have read this document and understand its content.

Participant's Name	Signature	Date