CALIFORNIA ZOROASTRIAN CENTER PARTICIPANT RELEASE AND WAIVER OF LIABILITY FORM

PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!

This Release and Waiver of Liability (the "Release") executed on this day of, 20 on behalf of	
_	anized and existing under the laws of the United States as a Section 501(c) (4) tax exempt corporation, each of its directors, cers, employees, and agents.
I, the above named Participant, do hereby give my consent to all activities of the Nonprofit. I desire that the I engage in activities related to serving or participating in the Nonprofit's activities as a player or participant. I am responsible for my own insurance coverage in the event of personal injury or illness as a result of participation in activities of the Nonprofit.	
1.	<u>Waiver and Release</u> : I release and forever discharge and hold harmless Nonprofit and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the activities as a participant with the Nonprofit, including claims arising out of negligence. I understand and acknowledge that this Release Discharges Nonprofit from any liability or claim that I may have against Nonprofit with respect to bodily injury, personal injury, illness, death, or property damage that may result from my involvement in the Nonprofit's activities.
2.	Insurance: I affirm that I am covered by primary medical insurance and understand that I am responsible for the my medical bills if injury occurs. Further, I understand that Nonprofit does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health or disability benefits or insurance of any nature in the event of my injury, illness, death or damage to my property. I expressly waive any such claim for compensation or liability on the part of Nonprofit beyond what may be offered freely by Nonprofit in the event of such injury or medical expenses incurred by me.
3.	Assumption of Risk: I understand that the activities provided by Nonprofit and which I am involved in may include activities that are inherently dangerous to me, including but not limited to surrounding sporting events that I may not even be participating in. I hereby expressly assume the risk of injury or harm to myself from these activities and Release Nonprofit from all liability for injury, illness, death, or property damage resulting from these activities.
4.	Photographic Release: I grant and convey to Nonprofit all right, title, and interest in any and all photographs, images, video or audio recordings of me or my likeness or voice made by Nonprofit in connection with my involvement in Nonprofit's events, including but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.
5.	Medical Treatment: I hereby Release and forever discharge Nonprofit from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my activity with the Nonprofit. I give my consent for the Nonprofit to provide, administer, or obtain medical treatment for me .
6.	Other: I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of California and that this Release shall be governed by and interpreted in accordance with the laws of the State of California. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.
	y signing below, I, the above named Participant, express my understanding and intent to enter into this Release and Jaiver of Liability knowingly and voluntarily.
5	Signature of Participant

Date

Print Name