

# SHAVEE WAIVER - ADULTS

## *RELEASE OF CLAIMS - Adults*

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In exchange for and in consideration of the opportunity to participate in the St. Baldrick's Foundation Head Shaving Event hosted by St. Bernadette Parish (the "Parish") on \_\_\_March 15, 2024\_\_\_, (the "Event") I hereby agree to the following:

- I understand the scope and nature of the Event.
- I recognize, as with any activity, the possibility of injury associated with my participation in the Event.
- 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 own actions or inaction and/or the actions inaction of others (whether negligent, intentional, or otherwise).
- I assume all risks in connection with my participation in the Event.
- I consent and grant permission for the Parish and/or its authorized agents, to photograph, audio record, video or otherwise record my name, image, likeness, spoken words, in any form (the "Recordings"), and to display, exhibit, publish, or distribute the Recordings, or any part thereof, for any lawful use including, without limitation, on the Parish's bulletin boards, social media, website, print and electronic media, marketing publications, public relations and communications materials and/or presentations, and any other uses as may not be contemplated herein, without further notice or compensation, and I agree that the Recordings shall constitute the sole property of the Parish. I further agree to release the Parish, the Catholic Diocese of Cleveland, and the Bishop of the Diocese of Cleveland, and their respective officers, directors, agents, employees and/or attorneys from and against any and all liability, loss, damage, costs, claims, and/or causes of action arising out of or related to the above items to which I have consented.
- I, on behalf of myself, my spouse, 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 Parish, the Catholic Diocese of Cleveland, the Bishop of the Catholic Diocese of Cleveland, as well as their respective employees, agents, representatives, 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 participation in the Event, whether foreseen or unforeseen.
- I understand that it is my responsibility to carry appropriate medical insurance for myself and that such is not the responsibility of any other person or party, including, without limitation, the Parish or the Catholic Diocese of Cleveland.

In signing below I warrant that I have read and fully understand this Release.



\_\_\_\_\_

Print Name: \_\_\_\_\_

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