

Glendale Adventist Medical Center Foundation
DBA / Adventist Health Glendale Foundation
Participant Release and Waiver of Liability Agreement

Event: Adventist Health Glendale Foundation Posh Pickleball Tournament

Location: La Canada Flintridge Country Club, 5500 Godbey Dr., La Canada Flintridge, CA 91011

Date/Time: November 3, 2024 10:00AM – 5:00PM

Name of Participant: _____ Age: _____

Address: _____

City State Zip: _____

Phone Number: _____

I acknowledge that participating in this event is voluntary and that participating in the event involves risk of serious injury, illness, or death. I assume all such risks, foreseeable and unforeseeable arising from or relating to my participation in the event. As consideration for being permitted to participate in this event, I forever release Glendale Adventist Medical Center Foundation, Handled + Hatched, LLC, and iTennis, Inc. (“**Coordinators**”), any of these entities affiliated organizations, including, but not limited to, Glendale Adventist Medical Center and Adventist Health System/West, and all of their respective directors, officers, employees, volunteers, agents, contractors and representatives (collectively, the “**Releasees**”) from any and all actions, claims, or demands that me, my child, and our respective assignees, heirs, distributes, guardians, next of kin, spouse, and legal representatives now have, or may have in the future, arising from or relating to injury, death, or property damage, related to (i) me or my child’s participation in this event, (ii) the negligence or other acts, whether directly connected to this event or not, and however caused, by any Releasee, and (iii) the condition of the premises where the event occurs, whether or not I or my child are then participating in the event. I also agree that me, my child, and our respective assignees, heirs, distributes, guardians, next of kin, spouse and legal representatives will not make any claim, demand, suit, or attach the property of any Releasee in connection with any of the matters covered by the foregoing release. Additionally, I grant a nonexclusive, perpetual, unlimited, assignable, sublicensable license to the Coordinators to use the likenesses of my child and myself in photographs, motion pictures, recordings, publication, or any other record of this event and to publicize, promote, and market the foregoing, in the sole discretion of each Releasee. I understand and agree that such materials, including, but not limited to, all negatives, positives, digital images, prints, and any other similar materials shall become and remain the sole property of Coordinators and neither I nor my child shall have any right or title to such items.

Accepted and agreed by:

Signature of Participant

Date

If Minor, Signature of Parent/Guardian

Date