



THE JOHN CARROLL SCHOOL

ADULT RELEASE LANGUAGE

I, _____, as a participant of **Alumni Basketball** sponsored by the John Carroll School, **running on Wednesday evenings 8:30pm-10:30pm from November 7, 2018-April 24, 2019 in the Upper Gym**, being held at **The John Carroll School** hereby understand and acknowledge that participation in the activities involves inherent risks of minor and serious injury to myself including risks associated with transportation by motor vehicle. I knowingly, voluntarily and without reservation and on behalf of myself, my heirs, and my estate, hereby RELEASE, HOLD HARMLESS, DEFEND AND INDEMNIFY The John Carroll School and the Roman Catholic Archbishop of Baltimore and his successors, a Corporation Sole, and each of their affiliate organizations, agents, employees, officers, directors, volunteers, officials, students and other participants (collectively, the "Church") from any liability, claims, demands and causes of action arising out of or relating to any loss, damage or injury (including death) sustained in connection with or arising out of participation in the Event, including the cost of any medical care given to me or any expenses or fees (including attorneys' fees) incurred in any lawsuit arising as a result of any damage or injuries caused to me or by me in the course of my participation in the Event.

I understand that my participation in the Event may require a minimum level of fitness for safe participation, and that The John Carroll School does not screen, medically or otherwise, individuals that participate in the Event. I acknowledge that it is my sole responsibility to make certain that I am physically fit and healthy enough to participate in the Event. I recognize and acknowledge there is not any volunteer accident coverage nor is there any medical payments coverage available to me in order to compensate me for expenses I incur from deductibles, co-payments, prescription drugs, or medical services not covered through my own health insurance provider(s) for any injury I sustain as a result of my participation in the Event. I agree that any medical coverage(s) I have will be primary and under no circumstance will I seek any contribution from the Church, or its insurer, for any medical expenses.

I HAVE READ THE ABOVE RELEASE FORM, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY.

Date

Signature of Participant