

**Adult Waiver/Release**  
**ATHLETIC WAIVER AND RELEASE OF LIABILITY**  
**2024 PRCUA National Sports Tournaments**

**READ BEFORE SIGNING**

To qualify to participate in any way in the Polish Roman Catholic Union of America (the "PRCUA") 2024 athletic sport programs, related events and activities, the undersigned acknowledges and agrees that:

- The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and
- I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for my participation; and
- I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and
- I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless the PRCUA, its officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the Releasees or otherwise, to the fullest extent permitted by law.

I acknowledge the contagious nature of the Coronavirus/COVID-19 ("COVID") and that the CDC and public health authorities still recommend practicing social distancing. I further acknowledge that the PRCUA has put in place preventative measures to reduce the spread of COVID. I further acknowledge that the PRCUA cannot guarantee that I will not become infected with COVID. I understand that the risk of becoming exposed to and/or infected with COVID may result from the actions, omissions, or negligence of myself and others, including, but not limited to, PRCUA staff, and other program participants and their families. I voluntarily agree to participate in the programs provided by the PRCUA and acknowledge that I am increasing my risk to exposure of COVID. I acknowledge that I must comply with all set procedures to reduce the spread while attending and participating in the program. I attest that I am not experiencing any symptoms of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell; I have not traveled to a highly impacted area within the United States of America in the last 14 days; I do not believe I have been exposed to someone with a suspected and/or confirmed case of COVID; I have not been diagnosed with COVID and not yet cleared as noncontagious by health authorities; and I am following all CDC recommended guidelines as much as possible and limiting my exposure to COVID.

I hereby release and agree to hold the PRCUA harmless from, and waive and disclaim on behalf of myself, my heirs, and any personal representatives, any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the PRCUA, or that may otherwise arise in any way in connection with any program offered by the PRCUA. I understand that this release discharges the PRCUA from any liability or claim that I, my heirs, or any personal representatives may have against the PRCUA with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, my attendance at and/or participation in any programs offered by the PRCUA. This liability waiver and release extends to the PRCUA together with all directors, officers, employees, and/or volunteers.

I have read this Athletic Waiver and Release of Liability, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Print Participant's Full Name	Participant's Signature	Date
Participant's Address	Email	Phone Number
Emergency Contact: _____ Name	Contact Number	Relationship

**FOR MINOR PARTICIPANTS**  
**(under age 18 at the time of registration)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, consent and agree to his/her release as provided above of all the Releases, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my child's involvement or participation in these programs as provided above, even if arising from their negligence, to the fullest extent permitted by law.

Print Parent/Guardian's Name	Parent/Guardian's Signature	Date
Parent/Guardian's Phone Number: _____		



**Polish Roman Catholic Union of America | PRCUALife™**

*A Legal Reserve Fraternal Benefit Society | Founded 1873*

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