

# CCSV HIKE-A-THON REGISTRATION FORM



Hiker's Name: \_\_\_\_\_

Shirt Size: \_\_\_\_\_

Dear Potential Sponsor,

I am participating in the Cathedral Chapel of St. Vibiana's 4th Hike-A-Thon "Hike For Your Health" on FEB. 9, 2019.

All donations will help continue the church's mission in serving the needs of its surrounding communities in the Los Angeles area.

The minimum pledge I need to raise and be able to join the Hike is \$25. You can sponsor me for an amount that you are willing to contribute.

**Sponsors:** Please make checks payable to Cathedral Chapel of St. Vibiana.  
Thank you for your generous support.

**Hikers:** Please return this form with the consent form and donation on or before February 9, 2019.

	Please Print SPONSOR'S NAME	PLEDGE Indicate Amount: Ex. \$10, \$25, \$50	AMOUNT DUE
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

You may collect as many pledges as you can. Minimum pledges to participate in the hike-a-thon is \$25. If you are able to collect the minimum pledge you will receive a FREE official CCSV Hike-A-Thon dri-fit shirt and cap. Remember this is a fundraiser for our parish! Thanks and May God bless you!

**ARCHDIOCESE OF LOS ANGELES**

**ADULT CONSENT AND RELEASE FORM**

**SPONSORING LOCATION:** CATHEDRAL CHAPEL OF ST. VIBIANA

**ACTIVITY:** HIKE-A-THON

**DATE AND PLACE:** OCT. 6, 2018 - KENNETH HAHN RECREATION STATE AREA

**RELEASE OF LIABILITY:** I, the undersigned below, in consideration of my participation in the Activity described above and any related activities (the "Activity"), wherever the Activity may occur, freely assume for myself and on behalf of my heirs, executors, administrators and next of kin, all risks incidental to such participation and hereby release, covenant not to sue, and forever discharge the Location, The Roman Catholic Archbishop of Los Angeles, a corporation sole, the Archdiocese of Los Angeles Education & Welfare Corporation and their employees, agents, volunteers and representatives ("Released Parties") of and from all liabilities, claims, actions, damages, costs and expenses of any nature arising out of, related to, or in any way connected with my participation in the Activity and/or any such related and associated activities, and further agree to defend, indemnify and hold each of the Released Parties harmless from and against any and all such liabilities, claims, actions, damages, costs and expenses including reasonable attorneys' and expert's fees and costs. I understand that this Release includes any claims based on the negligence, action or inaction of any of the Released Parties and covers bodily injury (including, without limitation, death), property damage, and loss by theft or otherwise suffered by me either before, during or after participation in the Activity.

**CONSENT TO MEDICAL TREATMENT:** I declare that I am physically fit and physically and emotionally capable of taking part in the Activity and/or any such related and associated activities. I have no known medical needs, allergies or dietary restrictions except as follows: \_\_\_\_\_

I also give permission to the responsible staff members, medical practitioners and medical facilities to use their judgement in obtaining and providing medical treatment for me should it become necessary to do so. I agree to relieve the Released Parties from liability in connection with this request. I understand that I am entirely responsible for the cost of all medical treatment provided to me. I agree to indemnify and hold the Location harmless from the cost of any medical treatment and related expense and cost incurred.

**AUTHORIZATION AND RELEASE TO USE LIKENESS:** I further grant the Released Parties the right to photograph and/or video or audiotape me and further to display, use and/or otherwise exploit my name, face, likeness, voice, and appearance forever and throughout the world, in all media, whether now known or hereafter devised (including, without limitation, in online web casts, television, motion pictures, films, newspapers, and magazines) and in all forms including, without limitation, digitized images, whether for advertising, publicity, or promotional purposes, including, without limitation, publication of Activity results and standings, without compensation, reservation or limitation.

Yes  No

**MISCELLANEOUS:** This Release shall be governed by the laws of the State of California, and any legal action related to or arising out of the subject matter herein shall be commenced exclusively in the Superior Court in and for Los Angeles County, California. I certify I am eighteen (18) years of age or older. If any provision of this Release shall be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Release and shall not affect the validity and enforceability of any remaining provisions.

**I HAVE READ, UNDERSTOOD AND ACCEPT THE CONDITIONS OF THIS CONSENT AND RELEASE:**

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Printed Name: \_\_\_\_\_

Emergency Contact Name and Number: \_\_\_\_\_





# STUDENT AND YOUTH ACTIVITY PERMISSION FORM

School/Parish/Other Archdiocesan Sponsoring Entity ("Location"): CATHEDRAL CHAPEL OF ST. VIBIANA

Place of Event/Trip: KENNETH HAHN STATE RECREATION AREA, LA CIENEGA BLVD.

Activity: Field Trip  Retreat  Other (specify) HIKE-A-THON Purpose: PARISH FUNDRAISER  
HIKE FOR HEALTH;

Description of Activity: PARTICIPANTS WILL CHOOSE A HIKE PER FITNESS LEVEL See Attached:

Mode of Transportation: Walk  Car Pool  Bus  Other (specify) \_\_\_\_\_

\*Parent/Guardian's Name:

[REDACTED] Attire: \_\_\_\_\_

Minor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male  Female  Grade \_\_\_\_\_

\*PLEASE NOTE that in order for a minor to participate she/he must be accompanied by a parent or guardian.

I request that my child be permitted to participate in the above activity. I am not aware of any physical or medical condition my child has that would prevent my child from participating fully in this activity.

My son/daughter has the following medical needs, allergies or dietary restrictions \_\_\_\_\_

\_\_\_\_\_

If my child needs to take medication while participating in this activity, I hereby give my child permission to self-administer his/her medication in accordance with the *Medication Authorization and Permission Form*, and, if my child cannot self-administer, I give permission to the responsible staff members or chaperones to administer or to assist in the administration of my child's medication. I also give permission to the responsible staff members, chaperones, medical practitioners and medical facilities to use their judgement in obtaining and providing medical treatment for my child should it become necessary to do so. I understand that health insurance benefits through the Location, if any, may have limited application, and that I am entirely responsible for the cost of all medical treatment provided to my child. I agree to reimburse the Location for the cost of any medical treatment and related expense incurred.

**Release of Liability:** As a condition of participating in this activity, I hereby hold harmless, release and discharge The Roman Catholic Archbishop of Los Angeles, a corporation sole, Archdiocese of Los Angeles Education & Welfare Corporation and the Location, their respective agents and employees and any parent/volunteer/ chaperone, from any and all liability, loss or claims for personal injuries, wrongful death or property damage that I or my child may suffer as a result of participation in the activity described above.

\_\_\_\_\_  
Parent/Guardian Date

\_\_\_\_\_  
Home Phone Cell Phone Work Phone

Person to Notify in case of Emergency if Parent or Guardian is unavailable:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_

To be filled in by Location

To be filled in by parent/guardian