

WAIVER AND WAIVER OF LIABILITY AGREEMENT WITH PARALYZED VETERANS OF AMERICA CALIFORNIA CHAPTER

In consideration of being authorized to receive a Sports and Recreation Grant from the Paralyzed Veterans of America California Chapter (the "Chapter"), I,
name], hereby acknowledge, understand, and agree that:
 I, for myself and on behalf of my heirs, personal representatives, administrators and next okin, HEREBY RELEASE, HOLD HARMLESS, COVENANT NOT TO SUE, ANI DISCHARGE PVA, all of its officers, directors, employees, and volunteers, (hereinafte collectively known as "RELEASEES"), from any and all liability, claims, demands, action and causes of action whatsoever, either in law or equity, arising out of, or related to, any and all bodily injury, including the contraction of the novel Corona virus ("COVID-19) or othe communicable disease, disability, death or loss of, or damage to, person or property whether arising from my attending or participating in an activity or event paid for through the Chapter grant; and I KNOWINGLY AND VOLUNTARILY ASSUME ALL RISKS, BOTH KNOWN ANI UNKNOWN, EVEN ARISING FROM THE NEGLIGENCE OF THE RELEASES OF OTHERS, AND ASSUME ALL RESPONSIBILITY INCLUDING PERSONAL INJURY DEATH, OR LOSS, BASED UPON MY ATTTENDANCE AT OR PARTICIPATION IN AN ACTIVITY OR EVENT PAID FOR WITH THE CHAPTER GRANT. I hereby voluntarily authorize photographs to be taken of me at any activity or event that may attend paid for by the Chapter grant. I hereby grant the Chapter the absolute right an permission to copyright, publish, edit, duplicate, and/or use the photographs in perpetuity and without any limitation or reservation, for all purposes. The Chapter shall be the absolut owner of the photographs, videos, and recordings. I hereby release and discharge th Chapter from any liability resulting from the use of such photographs.
I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY AGREEMENT ANI FULLY UNDERSTAND ITS TERMS AND ACKNOWLEDGE THAT I HAVE GIVEN USUBSTANTIAL RIGHTS BY SIGNING IT FREELY AND VOLUNTARILY ANI WITHOUT ANY INDUCEMENT.
Signature:
Name (please print):

Date Signed: ____/____