MATER DEI ALUMNI USE OF ATHLETIC FACILITIES

PROCESS AND PROCEDURES FOR OBTAINING APPROVAL FOR USAGE

In order for Mater Dei alumni to obtain approval to use the Athletic Facilities on the Mater Dei campus, the following process and procedures must first be completed:

1. The attached *Assumption of Risk, Waiver, Release, and Hold Harmless Agreement* must be read, understood, filled out completely, and signed by the Alumni seeking access to any or all of the Athletic Facilities. This form is available at the Monarch Way front gate Security Station, Monday through Friday, from 7:00am – 3:00pm. Completed forms should be returned to this same location.

2. Alumni must be fingerprinted (by appointment only) at Mater Dei High School.

3. Alumni must attend an in-house (Mater Dei High School) "Safe Environment" training class.

For complete information about steps 2 and 3, please access the Mater Dei High School website as follows:

- [http://www.materdei.org](http://www.materdei.org)
- Click on ABOUT MD
- Click on Parking & Safety
- Click on Volunteer Fingerprinting & Training

Once all of the above steps have been successfully completed, you will be contacted and your access to the Mater Dei High School Athletic Facilities will be in effect.

Please contact our Director of Security, Mr. Dan Worrell, if you have any questions.
MATER DEI ALUMNI USE OF ATHLETIC FACILITIES
ASSUMPTION OF RISK, WAIVER, RELEASE, AND HOLD HARMLESS AGREEMENT

I am an alumnus of Mater Dei High School (the “School”). In consideration for the School allowing me to come onto School campus and utilize the School’s Athletic Facilities (the “Activity”), I hereby understand and agree as follows:

1. Rules and Restrictions regarding the Use of the Athletic Facilities: that, in consideration for the School allowing me to participate in the Activity, I will abide by the following rules and regulations:
   a. The School athletic facilities (the “Athletic Facilities”) available to me consist of:
      • The Lyon Homes Aquatic Center – may only be used when a certified Life Guard is present.
      • Rick’s Track
      • Ward Family Fitness Center – may only be used when at least one other person/guest is present with you in the weight room at all times of use.
      • Andy Golf Practice Facility
      • Rod Dedeaux Stadium at Joe O’Hara Field
      • Meruelo Athletic Center;
   b. I will not have access to the Athletic Facilities until I successfully complete the School’s Safe Environment Training, and I am fingerprinted and cleared;
   c. While I may bring a guest or guests (upon approval of the School) to utilize the Athletic Facilities with me, such guest(s) must comply with each of the provisions in this Agreement and must be 18 years of age or older;
   d. I must sign in and out at the School administration building whenever I utilize the Athletic Facilities;
   e. The Athletic Facilities will only be available to me at designated hours so as to not conflict with other School activities and student use. As a result, it is my responsibility to call the School in advance of any use of the Athletic Facilities to check their availability;
   f. I will adhere to all School policies, mission statements, and rules and regulations while participating in the Activity. I will treat everyone on campus with respect and will abide by the direction of all School personnel while on School campus; and
   g. The School maintains complete discretion to change or modify these rules and regulations at any time, with or without cause or notice to me, including the ability to terminate this Agreement and my participation in the Activity entirely for any reason.

2. Assumption of Risks: that my participation in the Activity involves risks of injury due to certain inherent dangers that cannot be eliminated regardless of the care taken to avoid them. These injuries include, but are not limited to: physical contact with other individuals; contact with the ground, surfaces, water, fixtures, and equipment; and strenuous exertions, quick movements, and changes of speed, which place stress on the cardiovascular, muscular, and skeletal systems. The specific injury risks vary from (1) minor injuries such as scratches, bruises and sprains, to (2) major injuries such as eye injury or loss of sight, joint injuries, back injuries, heart attacks, and concussions, to (3) catastrophic injuries including paralysis and death. I agree to assume these risks. I understand that if I have questions about possible hazards, it is my responsibilities to seek additional information from the School prior to signing this
Agreement. I also understand that the School cannot guarantee that I will not be injured in the course of the Activity.

3. **Waiver, Release and Hold Harmless:** that in consideration for the School allowing me to participate in the Activity, I agree not to sue and I hereby release, waive, discharge, hold harmless, indemnify, and defend Mater Dei High School and the Catholic Diocese of Orange, as well as their respective employees, personnel, staff, volunteers, agents, directors, affiliates, and representatives, from any and all liability, losses, damages, claims, actions, and causes of action of every nature, whether claimed by me, my guests, my family, or any third party, for any and all known or unknown, foreseen or unforeseen, bodily or personal injuries, property damage, or other loss relating in any way to my involvement in the Activity, including but not limited to travel to and from the Activity.

4. **Medical Release and Authorization:** that I have had a recent medical evaluation and am fully fit for the Activity. I have adequate medical insurance to cover any medical needs while partaking in the Activity. In the event of an emergency, I authorize the School to act for me in its best judgment in rendering any medical attention to me and/or my guest and I understand that I will be responsible for any such or associated medical expenses.

I represent that I have read, understand and agree to the terms outlined above. Also, I understand that by signing this document I am waiving certain legal rights, and do so voluntarily.

Name: ____________________________________________  Alumni Year: ________

Signature: ____________________________________________  Date: ________

Emergency Contact:

________________________  (______)____________________

Name  Relationship  Phone