

Participant's name: _____
Please Print

UNIVERSITY OF CALIFORNIA,

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in

hereinafter called "The Activity", I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** The Regents of the University of California, its officers, employees, and agents from liability **from any and all claims including the negligence of The Regents of the University of California, its officers, employees and agents**, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in The Activity.

Signature of Parent/Guardian of Minor Date Signature of Participant Date

Assumption of Risks: Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in The Activity. I hereby **assert that my participation is voluntary and that I knowingly assume all such risks.**

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in The Activity and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

Signature of Parent/Guardian of Minor Date Signature of Participant Date

UCI College Day 2010– A Leap of Faith: Taking the Next Steps
Informed Consent, Release and Waiver of Liability

I, the undersigned, for and in consideration of the request and permission to participate in the **UCI College Day– A Leap of Faith: Taking the Next Steps** on October 16th 2010, hereby assume full responsibility for all risk of injury or loss which may result from my participation in this event. I further agree to hold harmless, release and forever discharge the organizers of the event and all associated organizations by reason of any accident, illness, injury to or death of any person or persons, or damage to or loss or destruction of any property arising or resulting directly or indirectly from my participation in activities sponsored by the organizers and associated organizations and subsequent thereto, save and except that these provisions shall not apply with respect to injuries or property damage arising out of the negligent acts of the organizers or associated organizations. The terms of this release shall serve as a release and assumption of risk for my heirs, executors, administrators and for all my family members.

I hereby understand, agree and acknowledge that the event sponsored by the organizers and associated organizations may include physical and/or strenuous exercise and/or activity and, understanding this, I state that to the best of my knowledge, I have no medical, physical, emotional, or mental health conditions which would hinder or prevent my active participation in these activities.

PLEASE NOTE: We strongly recommend that each event/activity participant have some form of accident medical insurance for his/her own protection.

Name (printed)

Signature of Applicant Date

Signature of Parent/Legal Guardian Date

EMERGENCY CONTACT

Name: _____ Phone Number: _____