



California State University, Sacramento
Office of Academic Affairs

**WARNING, WAIVER, ASSUMPTION OF RISK AND
RELEASE OF LIABILITY**

In consideration for permission to participate in the California State University, Sacramento, Academically Related Activities Program, I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may have, or which hereafter accrue to me, against California State University, Sacramento (the University) as a result of my participation in the University's Academically Related Activity Program and the sole active negligence of the University. This release is intended to discharge the University, its trustees, officers, employees, and volunteers, and any public agencies from and against any and all liability arising out of or in connection with my participation in the Academically Related Activities Program. I further understand that accidents and injuries can arise out of my participation; knowing the risks, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all of the persons or agencies mentioned above who might otherwise be liable to me (or my heirs or assigns) for any loss or damages. It is further understood and agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assigns. It is the intention of the parties hereto that the provision of this paragraph be interpreted to impose on each party responsibility for their own negligence.

I acknowledge that I have been fully informed of the risks and dangers involved in my participation.

I acknowledge that I have read, agree, and fully understand the above Warning, Waiver, Assumption of Risk and Release of Liability.

I further acknowledge and agree that the reasons for my being requested to sign this Release have been fully explained to me and I understand them.

I am signing this Release of my own free will and I have not been influenced or coerced by any representative or employee of the State or University. (Students under age eighteen must have the signature of their parent or legal guardian.)

Print Name:

Signature:

Date

Witness Name:

Signature:

Date
