RELEASE OF LIABILITY, WAIVER OF RIGHT TO SUE, ASSUMPTION OF RISK
AND AGREEMENT TO PAY CLAIMS

Activity:___________________________________________________________________

Activity Date(s) and Time(s): ________________________________________________

Activity Location/Facility:_____________________________________________________

Hazards to be aware of: _____________________________________________________

Hazard mitigation (how to prepare for a safe activity):____________________________

In consideration for being allowed to participate in this Activity, I release from liability and
waive my right to sue the State of California, the Trustees of the California State University,
which own and operate California State University, Sacramento and their employees, officers,
volunteers and agents (collectively “University”) from any and all claims, including the
University’s negligence, resulting in any physical injury, illness (including death) or economic
loss that I may suffer because of my participation in this Activity, including any travel to and
from the Activity.

I am voluntarily participating in this Activity. I understand that there are risks, such as physical
and/or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent
disability or even death, which may occur from my participation in this Activity. These injuries
or outcomes may arise from my own or other’s actions, inactions, negligence, or from the
condition of the Activity location(s) or facility(ies). Nonetheless, I assume all related risks,
whether known or unknown to me, of my participation in this Activity, including travel to and
from the Activity.

I agree to hold the University harmless from any and all claims, loss or damage to my
personal property, liabilities and costs, including attorney’s fees, as a result of my
participation in this Activity, including travel to and from the Activity. If the University incurs
any of these types of expenses, I agree to reimburse the University.

If I need medical treatment, the University is authorized to obtain medical treatment for me. I
will be financially responsible for any costs of such treatment. I agree that I will not hold the
University responsible for any claims resulting from any medical treatment. I am aware that the
University does not provide health insurance for me and I should carry my own health insurance.

I am 18 years or older. I have read this document, and I am signing it freely. I understand the
legal consequences of signing this document, including (a) releasing the University from all
liability, (b) waiver of my right to sue the University, (c) and assumption of all risks of
participating in this Activity, including travel to and from the Activity.

I understand that this document is written to be as broad and inclusive as legally permitted by the
State of California. I agree that if any portion is held invalid or unenforceable, I will continue to
be bound by the remaining terms.

Participant Name:____________________________________ Date: ________________

Signature:_________________________________________________________________
If Participant is under 18 years of age:
I am the parent or legal guardian of the Participant. I have read this two-page document, and I am signing it freely. I understand the legal consequences of signing this document, including (a) release of University from all liability on my and the Participant’s behalf, (b) waiver of my and the Participants’ right to sue, (c) and assumption of all risks of the Participant’s participation in this Activity, including travel to and from the Activity. I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

_________________________________
Signature of Minor Participant’s Parent/Guardian Date

_________________________________
Minor Participant’s Name