

University of California, Santa Barbara Waiver of Liability, Assumption of Risk & Indemnity Agreement Facilities Use Waiver - Athletics

Department	Name of Facility/Class		
staff, equipment and services of representative or assigns, do hereb Regents of the University of Californ any and all claims, including the representation or illnesses.	y release, waive, discharge, and covena ia, its directors, officers, employees, and ag	yself, my heirs, ant not to sue T gents from liabil resultin ng from, but no	personal The lity from g in t limited
Assumption of Risks: Physical activity, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. Name of Facility or Class has facilities for and provides activities such as weight lifting, running, aerobic activities, classes and sporting activities. Some of these involve strenuous exertions of strength using various muscle groups, some involve quick movements involving speed and change of direction, and other involve sustained physical activity which places stress on the cardiovascular system. 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 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 activities made possible by			
Indemnification and Hold Harmles University of California HARMLESS expenses, damages and liabilities, in Name of Facility or Class Severability: The undersigned furth	ss: I also agree to INDEMNIFY AND HOLD from any and all claims, actions, suits, productioning attorney's fees brought as a result and to reimburse them for any such expensions of the expressive agrees that the foregoing waits broad and inclusive as is permitted by the	The Regents of the cedures, costs, of my involvem ses incurred.	of the nent at
California and that if any portion ther notwithstanding, continue in full legal Acknowledgment of Understanding indemnity agreement, fully understanding to sue. If	reof is held invalid, it is agreed that the bala I force and effect. Ing: I have read this waiver of liability, assumed its terms, and understand that I am given acknowledge that I am signing the agreem ture to be a complete and unconditional	ince shall, mption of risk, a ving up substa nent freely and	ind intial
Signature of Participant	Print Name of Participant	 Date	Age (if Minor)
Signature of Parent/Guardian of Participant if Minor	Print Name of Parent/Guardian of Participant if Minor	Date	