UNIVERSITY OF CALIFORNIA,			
Waiver of Liability, Assu	ımption of	Risk, and Indemnity Agreeme	e <u>nt</u>
Waiver: In consideration of being permit	ted to partic	cipate in any way in	
hereinafter called "The Activity", I, for my release, waive, discharge, and covenant officers, employees, and agents from liabi The Regents of the University of Califor personal injury, accidents or illnesses (inc. to, participation in The Activity.	not to sue lity from a rnia, its off	The Regents of the University on and all claims including the icers, employees and agents, re	of California, its e negligence of esulting in
Signature of Parent/Guardian of Minor	Date	Signature of Participant	Date
Assumption of Risks: Participation in The eliminated regardless of the care taken to a another, but the risks range from 1) minor injuries such as eye injury or loss of sight, catastrophic injuries including paralysis are I have read the previous paragra other risks that are inherent in The Actithat I knowingly assume all such risks.	avoid injuri injuries sud joint or bad death.	es. The specific risks vary from the as scratches, bruises, and sprack injuries, heart attacks, and co know, understand, and apprec	one activity to mains 2) major neussions to 3)
Indemnification and Hold Harmless: the University of California HARMLESS expenses, damages and liabilities, including The Activity and to reimburse them for an	from any ang attorney'	s fees brought as a result of my	cedures, costs,
<b>Severability:</b> The undersigned further exrisks agreement is intended to be as broad California and that if any portion thereof is notwithstanding, continue in full legal force.	and inclusi s held inval	ve as is permitted by the law of id, it is agreed that the balance s	the State of
Acknowledgment of Understanding: It indemnity agreement, fully understand its rights, including my right to sue. I acknowledgment of the greatest extent allowed by law.	terms, and owledge th	understand that I am giving u at I am signing the agreement fr	<b>p substantial</b> reely and
Signature of Parent/Guardian of Minor	Date	Signature of Participant	Date Vol Waiver 7/01

Participant's name:

Please Print