

RELEASE OF LIABILITY, PROMISE NOT TO SUE,
ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS

Activity: PRACTICE WAIVER

Activity Date(s) and Time(s): SEE ATTACHED SCHEDULE
Activity Location(s): SEE ATTACHED SCHEDULE

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, I release from all liability and promise not to sue the state of California, the Trustees of The California State University, California State University, [campus name] and their employees, officers, directors, volunteers and agents (collectively "University") from any and all claims, including claims of the University's negligence, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.

I agree to hold the University harmless from any and all claims, including attorney's fees or damage to my personal property that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during 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. I have read this document, and I am signing it freely.
No other representations concerning the legal effect of this document have been made to me.

Participant Signature: _____ Date: _____

Participant Name (print): _____

If Participant is under 18 years of age:

I am the parent or legal guardian of the Participant. I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to, from and during 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.

I have read this two-page document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Signature of Parent/Guardian of Minor _____

Name Parent/Guardian of Minor Participant(print) _____

Date _____ Minor Participant's Name _____

RELEASE OF LIABILITY, PROMISE NOT TO SUE,
ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS

Activity: GAME WAIVER

Activity Date(s) and Time(s): SEE ATTACHED SCHEDULE
Activity Location(s): SEE ATTACHED SCHEDULE

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, I release from all liability and promise not to sue the state of California, the Trustees of The California State University, California State University, [campus name] and their employees, officers, directors, volunteers and agents (collectively "University") from any and all claims, including claims of the University's negligence, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.

I agree to hold the University harmless from any and all claims, including attorney's fees or damage to my personal property that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during 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. I have read this document, and I am signing it freely.
No other representations concerning the legal effect of this document have been made to me.

Participant Signature: _____ Date: _____

Participant Name (print): _____

If Participant is under 18 years of age:

I am the parent or legal guardian of the Participant. I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to, from and during 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.

I have read this two-page document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Signature of Parent/Guardian of Minor _____

Name Parent/Guardian of Minor Participant(print) _____

Date _____ Minor Participant's Name _____

Assumption of Risk and Release of Liability Agreement

Sonoma State University Sport Club

Assumption of Risk Agreement

I am aware that some of the activities of the _____ Sport Club at Sonoma State University may be hazardous; and I am voluntarily participating in these activities with knowledge of the possible dangers and dangers that cannot be fully foreseen involved and hereby agree to accept responsibility for any and all risks of injury, death and property damage.
Please Initial _____

I hereby release, waive, discharge, covenant not to sue, attach the property of or prosecute the State of California, Trustees of California State University, Sonoma State University, Sonoma Student Union Corporation, Associated Students, Inc., (hereinafter referred to as "releasees") from all liability to myself, representatives, assigns, heirs, next of kin, distributees, guardians and legal representatives for any loss or damage, and any claim or demands on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is participating in the above named Sport Club.
Please Initial _____

I hereby agree to indemnify and save and hold harmless the releasees and each of them from any loss, liability, damage or cost incurred due to the participation in and not limited to a Sport Club practice, instruction and competition.
Please Initial _____

I hereby agree to conform to all policies of the University and the Sport Club Program. I shall abide by all state and federal laws and rules of the sport/activity governing body as a participant of the above named Sonoma State University Sport Club.
Please Initial _____

Medical Release

I hereby declare that I have determined myself to be physically and mentally competent to be a member of and to participate in the above named Sport Club at Sonoma State University. Furthermore, in event of an accident or illness of an emergency nature, and because I may be unable to select or approve the required medical treatment, **I do hereby authorize** the club's officers, event organizers or representative of Sonoma State University to arrange for such care as is available and necessary; and to the fullest extent permitted by law, I hereby further and forever discharge, and agree to indemnify and hold harmless the providers of care and the releasees from any and all claims, demands and causes of action arising out of said authorization.
Please Initial _____

Enrollment Verification Release

I authorize Sonoma State University Registrar's Office to release information regarding my enrollment status to the Office of Campus Life and the Sonoma Student Union Corporation, as this information may be required for confirmation of activity eligibility.

Please Initial _____

Primary Insurance

I understand that I am required as a Sport Club participant to have current primary health insurance for the duration of my Sport Club participation. The insurance information that I have provided below is complete and accurate.

Please Initial _____

I am aware that this is both an Assumption of Risk and a Release of Liability by me, and if I am a minor, by my parents or guardians. I am signing this agreement on my own free will.

Name: _____ Phone: _____

Address: _____

In Case of an Emergency Notify: _____ Phone: _____

My Medical Carrier is: _____ Policy # (Required): _____

Participant Signature: _____ Date: _____

Birthdate: _____

Parent or Guardian Name if a minor: _____ Phone: _____