Notice: This waiver is a contract with legal consequences. Please use a pen and read it carefully before signing.

In consideration of my acceptance of my participation on the outing to (Location) ___________________________ on dates ______________, I hereby freely agree to and make the following contractual representations and agreements.

I FULLY REALIZE THE DANGERS OF PARTICIPATION IN AN OUTING OF THIS TYPE AND VOLUNTARILY ASSUME ALL OF THE RISKS ASSOCIATED WITH SUCH PARTICIPATION.

I understand the risks include, by way of example and not limitation, the following: Accidents that may happen while driving in vehicles to outing locations including car pools, bicycles and walking; the dangers of falling from high places; the dangers of being lost in a wilderness area; the possibility of being exposed to extreme temperatures for long periods of time and with limited food, water and comforts; sudden changes in weather; all dangers associated with water sports; failed rescue or evacuation attempts; property damage or loss; and the possibility of serious physical injury, pain, metal trauma or death with medical attention several hours or several days away.

ADDITIONAL HAZARDS FOR THE ABOVE NAMED TRIP MAY INCLUDE, BUT ARE NOT LIMITED TO: ______

INITIAL_____

I agree that it is my sole responsibility to be familiar with the physical and/or mental demands associated with the above named outing. With these demands in mind, I have no physical or medical condition, which, to my knowledge, would endanger others or myself if I participate in this event, or would interfere with my ability to participate in this event. The condition of my equipment must be in working order. I agree to abide by any University or Outdoor Pursuits program rules and regulations INCLUDING NO ILLEGAL DRUGS OR ALCOHOL WHILE ON THIS OUTING.

INITIAL_____

I understand and agree that situations may arise during the outing, which may be beyond the control and scope of knowledge of the outing guides or participants. I RELEASE, FOREVER DISCHARGE AND AGREE NOT TO SUE AND INDEMNIFY the trustees of California State University System, the State of California, Sonoma Student University and their officers, agents, and employees including program directors, staff and outing guides and any employees of the California State University System or other outing participants. I HEREBY WAIVE ALL SUCH CLAIMS WHICH I HAVE NOW OR MAY HEREAFTER HAVE AGAINST THE ABOVE ORGANIZATIONS OR PERSONS, HOWEVER CAUSED.

INITIAL_____

I understand that while this trip is coordinated through the Outdoor Pursuits program, transportation may not be provided with Outdoor Pursuits, in which case carpooling is the responsibility of the participants. As a driver, I certify that I am licensed, hold liability insurance in accordance with state law, and am responsible for any and all incidents/accidents involving my vehicle during the trip.

INITIAL_____

I grant permission for Campus Recreation to take visual/audio images of myself. I agree that Campus Recreation owns the images and all the rights related to them. The images may be used in any manner or media without notifying me, such as university-sponsored websites, publications, promotions, advertisements and posters. I waive any right to inspect or approve the finished images or any printed or electronic matter that may be used with them, or to be compensated for them.

INITIAL_____

I HAVE CAREFULLY READ THIS FORM AND FULLY UNDERSTAND ITS CONTENTS. I UNDERSTAND OUTDOOR PURSUITS RESERVES THE RIGHT TO DISMISS ME FROM THE TRIP DUE TO FAULTY EQUIPMENT, INNAPPROPRIATE BEHAVIOR, OR ANY OTHER REASON THAT MAY JEPORDIZE THE SAFETY OF THE TRIP. I AM AWARE THIS IS A RELEASE OF LIABILITY, A WAIVER OF CLAIMS, AN AGREEMENT NOT TO SUE AND A CONTRACT BETWEEN MYSELF AND SONOMA STATE UNIVERSITY, AND FOR THE BENEFIT OF OTHERS DESCRIBED HEREIN, I SIGN OF MY OWN FREE WILL.

Participant’s Signature: ________________________________ Date: __________________________
Name (printed): ____________________________________________ Phone #: ______________________

Parent or Guardian if participant is under 18 years of age:
Signature: __________________________________________________ Date: __________________________
Name (printed): ____________________________________________ Phone #: ______________________