Campus Recreation at Sonoma State University

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

Activities: **a) USE OF SSU RECREATION CENTER FACILITIES, EQUIPMENT, PROGRAMS, CLASSES, EVENTS AND SERVICES including intramurals, open recreation, low ropes course, climbing wall, massage, personal training, and indoor spa. b) USE OF SSU POOL FOR CAMPUS RECREATION-SPONSORED OPEN SWIM HOURS.**

Effective Locations and Time Periods: **a) RECREATION CENTER: POSTED OPERATING HOURS FROM THIS DATE (below) THROUGH AND INCLUDING May 20, 2017. b) SSU POOL: POSTED OPEN SWIM HOURS FROM THIS DATE (below) THROUGH AND INCLUDING May 20, 2017 AS WELL AS ANY OTHER TIMES DURING THIS PERIOD IN WHICH CAMPUS RECREATION SPONSORS PROGRAMS/ACTIVITIES IN THE POOL.**

In consideration for being allowed to participate in these Activities, 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, Sonoma State University and its 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 these Activities, including travel to, from, and during the Activities.

I am voluntarily participating in these Activities. I am aware of the risks associated with traveling to/from and participating in these Activities, 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 Activities' locations(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in these Activities, including travel to, from and during the Activities**.

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 these Activities, including travel to, from, and during the Activities. 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, and (c) assuming all risks of participating in these Activities, including travel to, from and during the Activities.**

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.

Last Name _____ First Name _____ M.I. _____

Choose One: SSU Student ID _____ Non-Student ☐

Emergency Contact Name _____ Phone # _____

My Signature: _____ Date: _____

(NOTE: ***If under 18 years of age as of this date, a Parent or Guardian Signature is required on backside.)***

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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, and (c) assuming all risks of the Participant's participation in these Activities, including travel to, from and during the Activities.** I allow Participant to participate in these Activities. 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.

Last name of Parent/Guardian

First Name

Street Address

City and State

Zip Code

Phone Number

_____ Date: _____
Signature Parent/Guardian