Activities: a) USE OF SSU RECREATION CENTER FACILITIES, EQUIPMENT, PROGRAMS, CLASSES, EVENTS AND SERVICES. b) USE OF SSU POOL FOR CAMPUS RECREATION PROGRAMS.

Effective Locations and Time Periods: a) RECREATION CENTER: POSTED OPERATING HOURS FROM THIS DATE (below) THROUGH AND INCLUDING AUG. 31, 2015. b) SSU POOL: POSTED OPEN SWIM HOURS FROM THIS DATE (below) THROUGH AND INCLUDING AUG. 31, 2015 AS WELL AS DURING ANY OTHER TIMES DURING THIS PERIOD IN WHICH CAMPUS RECREATION SPONSORS PROGRAMS/ACTIVITIES IN THE POOL.

In consideration for being allowed to enter and use the Recreation Center and participate in its activities, including use of the SSU Pool, 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, property damage or economic or emotional loss I may suffer because of my presence and/or participation.

I am voluntarily entering and using the Recreation Center and SSU Pool. I am aware of the associated risks 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, death and/or property damage. I understand that these injuries or outcomes may arise from my own or other’s actions, inaction, negligence, conditions related to the condition of the Recreation Center and SSU Pool. Nonetheless, I assume all related risks, both known or unknown to me, of my presence and participation.

I agree to hold the University harmless from any and all claims, including attorney’s fees and/or damage to my personal property that may occur as a result of my presence and/or participation in Recreation Center and SSU Pool facilities, equipment, programs, classes, events, and services. 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.

While in the Recreation Center or SSU Pool, I grant permission for Campus Recreation staff to take and make public visual/audio images of me. I agree that Campus Recreation owns the images and all the rights to them. Without notifying me the images may be used in any manner or media including, but not limited to, University-sponsored web sites, publications, promotions, advertisements, and posters. I waive any right to inspect, approve, or be compensated for the use of such images.

As of the date below, I am 18 years or older. I understand the legal consequences of signing this document, including that I (a) release the University from all liability, (b) promise not to sue the University, and (c) assume all risks associated with my presence and participation in the Recreation Center and SSU Pool.

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 and understand this document, and I sign it freely. No other representations concerning the legal effect of this document have been made to me.
If under 18 years of age as of the date on the reverse side, a Parent or Guardian Signature is required:

I am the parent or legal guardian of the person named on the reverse side. I understand the legal consequences of signing this document, including that I (a) release the University from all liability, (b) promise not to sue, and (c) assume all risks of my dependent’s presence and participation. I allow my dependent to be present and to participate. I understand that I am responsible for the obligations and acts of my dependent 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                                                  Zip Code

Phone Number

______________________________                                  Date: __________________
Signature Parent/Guardian