

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

PLEASE PRINT TWO-SIDED.

Activity(ies) \_\_\_\_\_

Activity Date(s) and Time(s) \_\_\_\_\_

Activity Location(s), Premises or Facility (ies) \_\_\_\_\_

In consideration for being allowed to participate in the above-referenced Activity(ies), and/or use of the Premises or Facility, on behalf of myself and my next of kin, heirs, representatives, and assigns, I hereby **release, waive, and discharge from all liability and promise not to sue** the State of California; the Trustees of The California State University; Cal Poly Pomona; and their employees, officers, directors, volunteers and agents (collectively "University") and Cal Poly Pomona Foundation, Inc.; Cal Poly Pomona Associated Students Inc.; Cal Poly Pomona Philanthropic Foundation; and their employees, officers, directors, volunteers and agents (collectively "Auxiliaries") from any and all liabilities or claims, including claims of the University's and/or Auxiliaries' negligence, resulting in any physical or psychological injury (including paralysis and death), illness, damages, property loss, or economic or emotional loss I may suffer because of my participation in the Activity and/or use of the Premises or Facility, including travel to, from and during the Activity.

I am voluntarily participating in this Activity(ies). I am aware of the risks associated with traveling to/from and participating in this Activity(ies), 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, 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(ies), including any associated use of University facilities or premises, and any travel to, from and during the Activity.**

I agree to **indemnify and hold** the University and/or Auxiliaries **harmless** from any and all claims, actions, suits, costs, expenses, and liabilities for any injuries to myself and for any damage to my property or possessions that arise out of or arise from my participation in the Activity, including any injury or damage that occurs during the use of University and/or Auxiliaries facilities or premises and any travel to, from and/or during the Activity. If the University and/or Auxiliaries incur any of these types of expenses, I agree to reimburse the University and/or Auxiliaries. 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 and/or Auxiliaries from all liability, (b) promising not to sue the University and/or Auxiliaries, (c) and assuming all risks of participating in this Activity(ies), 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.

[In the event that any foreign language translation of this document has been attached hereto by the University, the English language version of this document shall be the authoritative version. The English language version shall be controlling in all respects and shall prevail in case of any inconsistency with the translated version].

I have read this document in its entirety, fully understand its terms, and acknowledge that I am signing it freely and voluntarily. No other representations concerning the legal effect of this document have been made to me.

Participant Signature: \_\_\_\_\_

Participant Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

**If Participant is under 18 years of age:**

I, the parent/legal guardian of the Participant identified above hereby agree to all of the above on behalf of the Participant

\_\_\_\_\_  
Signature of Minor Participant's Parent/Guardian

\_\_\_\_\_  
Name of Minor Participant's Parent/Guardian (print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Minor Participant's Name (print)