



Athletic Camps and Clinics Waiver of Liability and Hold Harmless Agreement

I, the undersigned participant, am requesting participation in the CSU Northridge

Activity \_\_\_\_\_

That begins on: \_\_\_\_\_ and ends on: \_\_\_\_\_

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 University; California State University Northridge, the Athletics Department 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. To the extent that I engage in activities that are not a part of the Activity and from which I may sustain personal injury or other damage to myself or property, or cause others to be injured or sustain other damage including damage to their property, I understand that the University and its employees, officers, directors, volunteers and agents will not be held responsible.

I agree that in connection with my participation in the Activity, to adhere to all of the policies and procedures of the University, jurisdictional laws and ordinances, laws of the state of California and of the United States government. If I fail to adhere to the above-stated policies, procedures, and/or ordinances and laws, this failure may result in my dismissal from the Activity.

In the event of an accident or serious illness, I hereby authorize the University to obtain medical treatment for me and on my behalf. I hereby hold harmless and agree to indemnify the University from any claims, causes of action, damages and/or liabilities, arising out of or resulting from said medical treatment.

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 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's Signature

Date

Print Participant's Name

Phone Number

Instructor/Coach's Signature

Date

Print Instructor/Coach's Name

Phone Number

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, (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 allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of the participant as described in this document. I agree to be bound by the terms of this document.

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

Print Name of Minor Participant's Parent/Guardian

Date

Signature of Minor Participant's Parent/Guardian

Phone Number

Minor Participant's Name