

RELEASE AND CONSENT AGREEMENT

(Assumption of Risk/Health Statement/Liability Waiver)

NOTICE: THIS WAIVER IS A CONTRACT WITH LEGAL CONSEQUENCES. READ IT CAREFULLY BEFORE SIGNING. IF THERE ARE ANY QUESTIONS CONCERNING THIS DOCUMENT, CONTACT THE CLUBS COORDINATOR. THIS INFORMATION MUST BE PROVIDED TO THE CLUBS OFFICE PRIOR TO PARTICIPATION IN THE ACTIVITY.

I, _____, am a currently enrolled student at Humboldt State University or am affiliated with an officially recognized club or program. In consideration of being allowed to participate with (club or organization name) _____ in the following club related activity _____ on (date) _____ at (location) _____.

I hereby freely agree to make the following contractual agreements:

I understand that such activity, including my operation of equipment necessary for participation in the activity, may expose me to certain risks of injury, death, or damage to my property. I am including but not limited to hazards of travel, accident, illness, or acts of God. I also understand and agree that a situation may arise during an activity which may be beyond control. I fully realize the dangers of participating in an activity of this type and voluntarily assume all risks associated with such participation. In consideration of my acceptance as a participant, I hereby release, forever discharge, and hereby hold Humboldt State University, the Trustees of The California State University, the State of California, its officers, agents, employees, auxiliaries or other participants for injuries to my person, including death, or property damage, arising out of my participation in this activity. This contract shall serve to indemnify the above named parties should the same be liable or found guilty of negligence as a result of court action. I also agree to indemnify, defend and save harmless Humboldt State University, the Trustees of California State University, the state of California, its officers, agents, employees, auxiliaries, or other participants from any and all claims and losses occurring or resulting to any person, firm, or corporation who may be injured or damaged by any of my negligent actions.

I have read and understand (INITIAL HERE) _____

I agree that it is my sole responsibility to be familiar with the physical and/or mental demands associated with the above-named activity. With these demands in mind, I hereby declare that I am physically capable of participating in the above-named activity, and that I have no physical or medical condition which, to my knowledge, would interfere with my ability to participate in this activity or endanger myself or others if I participate in this activity. I also agree to abide by any established rules or regulations while participating in this activity. I also agree that I will not be compensated by Humboldt State University or the State of California for my participation in this activity.

I have read and understand (INITIAL HERE) _____

In the event of accident or illness of an emergency nature, and because I may be unable to select or approve of the required medical treatment, I hereby authorize event organizers or representatives of Humboldt State University to arrange for such care as is available and necessary; and do further release and forever discharge the providers of such care and Humboldt State University, the Trustees of The California State University, the State of California, and its officers, agents, employees, auxiliaries from any and all claims, demands and causes of action arising out of said authorization.

I have read and understand (INITIAL HERE) _____

I am aware that Humboldt State University does not provide medical insurance coverage and therefore take full responsibility for my personal insurance. I understand that all expenses, charges, or costs which might result from injury or illness are fully responsibility.

I have read and understand (INTIAL HERE) _____

I HAVE CAREFULLY READ THIS FORM AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THIS IS AN ASSUMPTION OF RISK, A HEALTH STATEMENT, AND LIABILITY WAIVER. IT IS AN AGREEMENT TO RELEASE FOR NEGLIGENCE AND A CONTRACT BETWEEN THE UNDERSIGNED AND HUMBOLDT STATE UNIVERSITY.

I have read and understand (INTIAL HERE) _____

Participant's Last Name _____ First Name _____

Address _____

Home Phone _____ Work Phone _____ HSU ID# _____

Participant's Signature _____ Date _____

Clubs Office Representative _____ Date _____

If participants is under 18 years of age, the undersigned parent or legal guardian hereby executives the above release waiver and indemnity agreement on behalf of his/her minor child for the above named activity.

Parent/Guardian Signature: _____ Date: _____