

University of the Pacific Assumption of Risk and Release of Liability READ BEFORE SIGNING

Activity:	
Date of Activity:	

In consideration of my participation in the Activity described above, I agree as follows:

- 1. **Assumption of Risk**. I understand and acknowledge that my participation in the Activity is entirely voluntary, is not required by the University, and may involve serious risk, including but not limited to risk of property damage, bodily injury, permanent disability, paralysis and death. These risks may result from the participation in the Activity, the acts of others, or the unavailability of emergency medical care or immediate staff response. I knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for my participation in the Activity.
- 2. **Certification**. I am in good physical and mental health and do not have any physical or mental conditions that could affect my ability to participate in the Activity. I am aware that the University does not provide on call medical personnel. I have had the opportunity to inspect any University facilities that will be used and accept them as being safe and suited for the purpose intended.
- 3. **Compliance with Policies**. I have read and agree to comply with all applicable University policies and procedures, including but not limited to those that apply to my participation in the Activity. I understand that permission to participate in the Activity may be suspended, revoked or denied by the University in its sole and complete discretion. If I observe a hazard during my participation in the Activity, I will immediately remove myself from participation and bring the hazard to the attention of a University staff and/or faculty member.
- 4. **Release.** I (for myself, my parents, legal guardians, heirs, executors, administrators and assigns) hereby release, indemnify and hold harmless the University, its regents, employees, agents and volunteers (collectively "Releasees") from and against any blame and liability whatsoever for any property damage, property loss, property theft, personal injury, death, claim, or any damage of any kind whatsoever, whether arising from the alleged negligence of the Releasees or otherwise, which may arise out of or relate in any way to my participation in the Activity, to the maximum extent permitted by applicable law. I agree to be solely responsible for any medical, health or personal injury costs relating to my participation in the Activity.
- 5. **Prerequisite Skills and Training**. I have the requisite skills, qualifications, physical ability and training necessary to properly and safely participate in the Activity. If I have any questions as to what skills, qualifications, physical ability or training are necessary, I will direct such questions to the appropriate University faculty and/or staff member.
- 6. **No Assumption of Responsibility by University**. I understand that the University does not assume responsibility for any loss, injury or damage to person or property in connection with my participation in the Activity which results from causes beyond the control of and without fault of the University.
- 7. **Consent to Emergency Treatment**. I hereby consent to medical treatment in a medical emergency where I am unable at the time to consent to such treatment.

extent such expenses are not covered by insurant or medical transport expense incurred in connect	ce, I agree to be solely responsible for any medical expenses tion with my participation in the Activity.
enforceability of this Assumption of Risk and Releconflict of law principles. The venue for any disponding California. If any clause or provision of this Releapolicy or otherwise, the invalidity shall not affect	fornia shall govern the validity, construction and ease of Liability ("Release"), without giving effect to its ute relating in any way to this Release shall be in Stockton, use is held to be illegal, void or voidable as against public other provisions or parts thereof which may be given effect ent, the provisions, and parts thereof, of this Release are
still, or moving images for school documentation release and hold exempt University of the Pacific	image and/or voice and grant all rights to use these sound, purposes, which will be used for media purposes. I agree to from and against any claims, damages or liability arising deo. I agree that all rights to the sound, still, or moving
UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SI	JNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN IGN IT FREELY AND VOLUNTARILY WITHOUT ANY TATEMENTS OR INDUCEMENTS APART FROM THIS RELEASE
Name (Printed)	Date
Signature	
EMERGENCY CONTACT INFORMATION	
Name	Relationship
Address	Telephone Number
FOR PARENTS/GUARDIANS OF MINORS (UNIT of the consent to my child's use of or participation in the consent to the con	
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Parent/Guardian's Signature	Date
Name (Printed)	Emergency Telephone Number

Insurance. I have adequate health insurance necessary to provide for and pay any medical costs that

may be incurred as a result of any injury arising out of or related to my participation in the Activity. To the

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