



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

IMPORTANT: You must read and sign this liability waiver prior to participating in your first league game in the Faculty/Staff Bowling League during the Spring 2014 semester.

Team Name:

Team Captain:

Activity: Faculty/Staff Bowling League

Activity Date(s) and Time(s): February 11th, March 11th, April 8th, May 13th, 2014 @ 6:00pm-8:00pm at Classic Bowling Center in Daly City, CA.

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 State University, California State University, San Francisco State University 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.

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

IF YOU ARE UNDER 18 YEARS OF AGE, you must have a parent or legal guardian sign a separate form, the Release of Liability, Promise Not to Sue, Assumption of Risk and Agreement to Pay Claims form for a Participant under 18 years of age.

TEAM NAME:

<u>SF State ID #</u>	<u>Participant Name</u>	<u>Participant Signature</u>	<u>Date</u>
<input data-bbox="225 1056 513 1129" type="text"/>	<input data-bbox="518 1056 805 1129" type="text"/>	<input data-bbox="812 1056 1099 1129" type="text"/>	<input data-bbox="1105 1056 1393 1129" type="text"/>
<input data-bbox="225 1136 513 1209" type="text"/>	<input data-bbox="518 1136 805 1209" type="text"/>	<input data-bbox="812 1136 1099 1209" type="text"/>	<input data-bbox="1105 1136 1393 1209" type="text"/>
<input data-bbox="225 1215 513 1289" type="text"/>	<input data-bbox="518 1215 805 1289" type="text"/>	<input data-bbox="812 1215 1099 1289" type="text"/>	<input data-bbox="1105 1215 1393 1289" type="text"/>
<input data-bbox="225 1295 513 1369" type="text"/>	<input data-bbox="518 1295 805 1369" type="text"/>	<input data-bbox="812 1295 1099 1369" type="text"/>	<input data-bbox="1105 1295 1393 1369" type="text"/>
<input data-bbox="225 1375 513 1449" type="text"/>	<input data-bbox="518 1375 805 1449" type="text"/>	<input data-bbox="812 1375 1099 1449" type="text"/>	<input data-bbox="1105 1375 1393 1449" type="text"/>
<input data-bbox="225 1455 513 1528" type="text"/>	<input data-bbox="518 1455 805 1528" type="text"/>	<input data-bbox="812 1455 1099 1528" type="text"/>	<input data-bbox="1105 1455 1393 1528" type="text"/>