

Full Name: _____
(Please Print) Last Name , First Name

OSP Session: I II
(Circle the session you are attending)



Risk Acceptance Form

Event Name: **Leadership Award Scholars Association - Overnight Stay Program (OSP)**

Sponsoring Student Organization: **Leadership Award Scholars Association (LASA)**

Event Time(s): **Session 1: April 15-16, 2012, Session 2: April 22-23, 2012**

Location of Event: **University of California, Berkeley - Main Campus**

As consideration for being permitted by the Cal Alumni Association (CAA) to participate in the above described activity, I hereby agree to release LASA and CAA, its Board of Directors, officers, members, agents, volunteers, and successors from any and all claims, demands, or actions for injuries to my person or property resulting from or in any way connected with my participation in the above described activity. This release and waiver shall be binding on my heirs, assignees, distributees, guardians, and legal representatives.

I also agree that during the time that I am involved with the above described activity, I am bounded by all the rules, regulations, policies, procedures, and guidelines governing me and my conduct as set forth by the CAA student group Resource Guide, the UC Berkeley Student Code of Conduct, and the Department of Housing and Dining Services' Guide to Student Living.

Participant's Signature: _____ Date: ____/____/____

Full Name: _____

In Case of Emergency, please contact:

Full Name: _____ Relationship: _____

Address: _____

City and State: _____ Zip: _____

Day Phone: (____) _____ - _____ Evening Phone: (____) _____ - _____

Primary Care Physician – IF MINOR

Name _____

Address _____ City _____ State _____ Zip _____

Telephone Number (____) _____

If you have a medical problem or are currently taking medication that would be important for us to be aware of, please indicate here: _____

Please bring form with you to check-in on the day of OSP
Students who fail to bring the signed waiver form the day of OSP
will not be allowed to participate in the program!

Full Name: _____
(Please Print) Last Name , First Name

OSP Session: I II
(Circle the session you are attending)



UNIVERSITY OF CALIFORNIA, BERKELEY
Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in the

Leadership Award Scholars Association - Overnight Stay Program (OSP)

hereinafter called "The Activity", I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** The Regents of the University of California, its officers, employees, and agents from liability **from any and all claims including the negligence of The Regents of the University of California, its officers, employees and agents**, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in The Activity.

Signature of Parent/Guardian (if Minor)

Date

Signature of Participant

Date

Assumption of Risks: Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions or 3) catastrophic injuries including paralysis and death. The Cal Alumni Association will not be held liable for the criminal acts of third parties or risks arising out of sexual activity including 1) pregnancy 2) communicable diseases.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in The Activity. I hereby **assert that my participation is voluntary and that I knowingly assume all such risks.**

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in The Activity and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

Signature of Parent/Guardian (if Minor)

Date

Signature of Participant

Date

Participant's Age (if minor) _____

Please bring form with you to check-in on the day of OSP
Students who fail to bring the signed waiver form the day of OSP
will not be allowed to participate in the program!