

University of California, Santa Barbara Waiver of Liability, Assumption of Risk & Indemnity Agreement Elective/Voluntary Activities Waiver

TA BARB	Liecti	ive/ voluntary A	clivilles vvalvei
Recreation	WALK UCSB		
Department	Class/Activity		
Waiver: In consideration of being	permitted to participate in any way in		
WALK UCSB			
release, waive, discharge, and confficers, employees, and agents from Regents of the University of California	or myself, my heirs, personal representation or myself, my heirs, personal representation or my and all claims including its officers, employees and againg death) and property loss arising from, but the myself ing death and property loss arising from, but the myself is my self-self-self-self-self-self-self-self-	University of one of the negligity of the negligity of the negligity.	California, its gence of The g in personal
eliminated regardless of the care ta other, but the risks range from 1) mi	n in The Activity carries with it certain inh ken to avoid injuries. The specific risks va nor injuries such as scratches, bruises, an oint or back injuries, heart attacks, and coh.	ary from one and sprains 2) r	activity to an- major injuries
	paragraphs and I know, understand, and a Activity. I hereby assert that my partice risks.		
University of California HARMLESS	ess: I also agree to INDEMNIFY AND He from any and all claims, actions, suits, procorney's fees brought as a result of my involuences incurred.	cedures, cost	ts, expenses,
risks agreement is intended to be as	ther expressly agrees that the foregoing was broad and inclusive as is permitted by the lad invalid, it is agreed that the balance shall,	aw of the State	e of California
agreement, fully understand its terms my right to sue. I acknowledge that	ng: I have read this waiver of liability, assumes, and understand that I am giving up sub I am signing the agreement freely and vol aconditional release of all liability to the	ostantial right untarily, and i	ts, including ntend by my
Signature of Participant	Print Name of Participant	Date	Age (if Minor)
Signature of Parent/Guardian of Participant if Minor	Print Name of Parent/Guardian of Participant if Minor	Date	_