



ASSOCIATED STUDENTS
SAN JOSE STATE UNIVERSITY

**RELEASE OF LIABILITY
AGREEMENT**

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

Activity: _____

Activity Date(s) and Time(s): _____

Activity Location(s): _____

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 José State University, Associated Students 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.

Participant Signature: _____

Participant Name (print): _____

Date: _____

If Participant is under 18 years of age:

I am the parent or legal guardian of the Participant. I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to, from and during the Activity. I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

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

Signature of Minor Participant's Parent/Guardian: _____

Name of Minor Participant's Parent/Guardian: _____

Minor Participant's Name: _____

Medical Release/Emergency Contact Form

I hereby grant permission for the performance of any emergency medical treatment that may be required in the case of an accident wherein I am rendered unconscious or unable to approve of any medical treatment. In the event that I become the victim of an accident I will hold harmless from any liability or negligent actions which may arise in connection with the search and rescue, stabilization, evacuation, transportation, and emergency care I received while secondary aid resources are being sought. I authorize the following person(s) to be contacted in the event that an emergency situation occurs.

Emergency Contact Name: _____

Relationship: _____

Contact Phone: _____

Number Medical Conditions (if applicable) : _____

Participant Signature: _____

Date: _____