Associated Students, Inc.
WAIVER OF LIABILITY, ASSUMPTION OF RISK
AND INDEMNITY AGREEMENT

LAST NAME: _________________________________ FIRST NAME: _________________________________

ACTIVITY: ASI RECREATIONAL PROGRAMS, USE OF EQUIPMENT AND USE OF FACILITIES
Activity Location(s), Premises or Facility(ies): Cal Poly Recreation Center, Sports Complex,
University Union and other outdoor venues both on and off campus.

In consideration for being allowed to participate in this Activities and/or use of the Premises or Facility, 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,
California Polytechnic State University, San Luis Obispo, and their employees, officers, directors, volunteers
and agents (collectively “University”) and the Associated Students, Inc. of California Polytechnic State
University, San Luis Obispo and their employees, officers, directors, volunteers and agents (collectively
“Auxiliary Organization”) from any and all claims, including claims of the University’s or Auxiliary
Organization’s negligence resulting in any physical or psychological injury (including paralysis and death),
ilness, property damage 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 the Activity. I am aware of the risks associated with traveling to, from and
participating in the 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, death and/or property damage. I understand that these injuries or outcomes may arise from
my own or other’s actions, inaction, 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 and Auxiliary Organization 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 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 and the Auxiliary Organization from all liability, (b) promising not to sue the University and
the Auxiliary Organization, (c) and assuming all risks of participating in the 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.

Signature of participant Date

If participant is less than 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 and the Auxiliary Organization 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
the 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 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’s parent/guardian Date Printed name of parent/guardian Minor’s age

Revised 7/14/16