



ASI Programs Chumash Challenge

WAIVER, RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

Complete and sign prior to activity. Please bring with you to workshop.

I, (Print Name) _____, HEREBY ACKNOWLEDGE that I have voluntarily applied to participate in a Chumash Challenge Workshop.

I AM AWARE THAT PARTICIPATION IN THIS ACTIVITY MAY BE HAZARDOUS, AND I AM VOLUNTARILY PARTICIPATING IN THIS ACTIVITY WITH KNOWLEDGE OF THE DANGER INVOLVED AND HEREBY AGREE TO ACCEPT ANY RISKS OF DAMAGE TO MY PERSONAL PROPERTY OR PERSONAL INJURY OR DEATH.

PLEASE INITIAL: _____

I, the undersigned participant, for myself and for my heirs, executors, legal representative, successors and assigns, hereby waives all claims and/or course of action, including negligence, against the State of California, the Trustees of the California State University, California Polytechnic State University, Cal Poly Corporation, the Associated Students, Incorporated of said University, and all of their officers, directors, employees and agents, arising out of or in any way connected with my participation in the above designated activity. "Participation" includes, but is not limited to travel to and from the activity.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A WAIVER, RELEASE OF LIABILITY, AND ASSUMPTION OF RISK AGREEMENT BETWEEN MYSELF AND THE ASSOCIATED STUDENTS, INCORPORATED OF CALIFORNIA POLYTECHNIC STATE UNIVERSITY AND SIGN IT OF MY OWN FREE WILL.

PLEASE INITIAL: _____

I have / have-not (circle one that applies) had previous participation experience in the Activity, I understand and acknowledge that such participation could result in loss of or damage to my or another person's property, serious injury to my body, or another person's body, including mental and emotional injury or trauma, and/or death.

Knowing, understanding, and fully appreciating all of these consequences, I hereby expressly, voluntarily, and willingly assume all risks and dangers associated with my participation. Some of these risks and dangers may include serious personal bodily and/or emotional injury, and/or death. I understand that this list is not exhaustive.

I have no physical or emotional conditions which prevent me from fully participating in the Activity. In addition, I have obtained medical coverage aside from coverage provided by the Student Health Services of the California Polytechnic State University, San Luis Obispo. Although I may obtain some medical care from the University's Student Health Services, I understand that such care is limited and that I will have to use my personal medical insurance as a primary resort should an accident or injury occur which is not covered by the University's Student Health Services.

I understand and agree to obey all Activity rules, including safety rules.
I understand that my picture may be used in promotional material.
I understand that I am not to use or be under the influence of alcohol or **drugs** during the Activity.

I HAVE READ THIS WAIVER, RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT IN ITS ENTIRETY.

Participant's Name (please print) _____ Gender (please check): Female _____ Male _____

Signature **(IN INK)** _____ Date: _____

Witness _____ Date: _____

Please contact the following individual in case of an emergency:

Name _____ Relationship _____ Phone _____

IF PARTICIPANT IS A MINOR:
Date: _____

Signature of Parent or Legal Guardian

Print Name of Parent or Legal Guardian