## RSO Waiver Form **Waiver of Liability, Assumption of Risk, and Indemnity Agreement**

Waiver: In consideration of		being permitted to participate in any	
way in			
hereinafter called "The Activity," I, for m		irs, personal representatives or	assigns, do hereby
release, waive, discharge, and covenant	t not to sue		
• the		, its officers and men	nbers;
<ul> <li>and The Regents of the University</li> </ul>	y of Californi	ia, its officers, employees, and	agents
from liability from any and all claims, i	ncluding neg	<b>gligence,</b> that result in personal	l injury, accidents or
illnesses (including death), and property	loss arising fr	rom, but not limited to, particip	oation in The Activity.
Signature of Parent/Guardian of Minor	Date	Signature of Participant	Date
Assumption of Risks: Participation in The eliminated regardless of the care taken to another, but the risks range from 1) mino such as eye injury or loss of sight, joint of injuries including paralysis and death.	avoid injurie r injuries suc	es. The specific risks vary from h as scratches, bruises, and spr	one activity to rains 2) major injuries
I have read the previous paragrrisks that are inherent in The Activity. knowingly assume all such risks.  Indemnification and Hold Harmless:	I hereby ass	sert that my participation is vert to INDEMNIFY AND HOLD	voluntary and that I
the			gents of the University
of California HARMLESS from any and and liabilities, including attorney's fees b reimburse them for any such expenses inc	rought as a r	<u>=</u>	-
<b>Severability:</b> The undersigned further exagreement is intended to be as broad and that if any portion thereof is held invalid, full legal force and effect.	inclusive as	is permitted by the law of the S	State of California and
Acknowledgment of Understanding: I is indemnity agreement, fully understand its including my right to sue. I acknowledg intend by my signature to be a complete allowed by law.	s terms, and <b>u</b> ge that I am si	understand that I am giving using the agreement freely and	<b>ip substantial rights,</b> d voluntarily, and
Signature of Parent/Guardian of Minor Participant's Age (if minor)	 Date	Signature of Participant	Date