

Participant's name/Nombre del participante: _____
Please Print

UNIVERSITY OF CALIFORNIA LOS ANGELES
Waiver of Liability, Assumption of Risk, and Indemnity Agreement Waiver

In consideration of being permitted to participate in any way in **Regents Overnight Stay Program** hereinafter called "The Activity", I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** The Regents of the University of California, its officers, employees, and agents, and the **Regents Scholar Society at UCLA** and its agents, from liability **from any and all claims including the negligence of The Regents of the University of California, its officers, employees and agents and the Regents Scholar Society at UCLA and its agents**, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in The Activity.

Signature of Parent/Guardian of Minor Date
Firma de Padre/Guardián (menor de 18) Fecha

Signature of Participant Date
Firma del Participante Fecha

Assumption of Risks: Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in The Activity. I hereby **assert that my participation is voluntary and that I knowingly assume all such risks.**

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD The Regents of the University of California and the **Regents Scholar Society at UCLA** HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in The Activity and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement fully, understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

Signature of Parent/Guardian of Minor Date
Firma de Padre/ Guardián (si menor de 18) Fecha

Signature of Participant Date
Firma del Participante Fecha

Participant's Age/ Edad del Participante (menor de 18) _____

Parent/ Guardian info/ Contacto de Padre/Guardián _____
Phone/ Telefono E-mail address/ Contacto Electronico

Secondary Emergency Contact/ Contacto de Emergencia Secundario Phone/Telefono

The University reserves the right to contact parent/guardian to verify the signature above.
La Universidad reserva el derecho de contactar a padre/guardián para verificar la firma antes mencionado.