

## DEPARTMENT OF RISK MANAGEMENT 1950 THIRD ST, LA VERNE, CALIFORNIA 91750-4401

## WAIVER AND RELEASE OF LIABILITY AND INDEMNITY AGREEMENT PARTICIPANT

Event	Dates
IN CONSIDERATION for allowing the participant to observe or participate in any way in encompassed by this Agreement and/or permitting the participant to enter for any purpose the UNIVI as follows:	
THE PARTICIPANT HEREBY RELEASES, WAIVES, DISCHARGES AND COVENA VERNE, its officers, agents, or employees (hereinafter referred to as 'releasees') from all liability to t claim or demands therefore on account of injury to the person or property or resulting in death of the of the releasees or otherwise, while the undersigned is in, upon, or about the premises or any facilities.	he undersigned for any loss or damage and any undersigned, whether caused by the negligence
THE PARTICIPANT HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD H any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or a premises or on any field trip, or in any way observing or using any facilities or equipment of the UNI the negligence of the releasees or otherwise.	about the UNIVERSITY OF LA VERNE
THE PARTICIPANT HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK PROPERTY DAMAGE due to the negligence of releasees or otherwise while in, about or upon the pon any University of La Verne authorized field trip and/or while using the premises or any facility or	oremises of the UNIVERSITY OF LA VERNE o
THE PARTICIPANT further expressly agrees that the foregoing WAIVER AND RELEAS AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Cali invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.	
THE PARTICIPANT further expressly agrees that in the event of an accident (or sudden ill perform whatever medical emergency treatment that may be deemed necessary on the named individual emergency treatment that may be deemed necessary on the named individual emergency treatment that may be deemed necessary on the named individual emergency.	
THE PARTICIPANT has no knowledge of any physical impairment that may be affected activities stated below.	by the participant listed, participating in the
THE PARTICIPANT further agrees that they have read, understand, and agree to comply for said activity.	with the rules and safety provisions established
THE PARTICIPANT HAS READ AND VOLUNTARILY SIGNS THE WAIVER AND AGREEMENT, and further agrees that no oral representations, statements or inducement apart from made.	
THE PARTICIPANT HAS READ AND VOLUNTARILY SIGNS THE WAIVER AND RELEAGREEMENT AND DOES SO VOLUNTARILY AND WITH THE UNDERSTANDING THAT SUP.	
I HAVE READ THIS RELEASE	
Participant Signature	Date
Printed Name of Participant:	D.O.B
Address of Participant:	