	Participant's	Name (Pleas		
			Last	First
<u>REG</u>	UNIVERSITY OF CALIF ISTERED/RECOGNIZED S			ATION (RSO)/(RCO)
]	NAME of RSO/RCO:			
		PARTI	CIPANT	
SPORTIN	G EVENT DESCRIPTION:_			
SPORTING	G EVENT DATE(S) Begins:		Ends:_	· · · · · · · · · · · · · · · · · · ·
	Waiver of Liability, A	ssumption	of Risk, and Indemnity A	<u>Agreement</u>
directors, office and members fi California and illnesses (include	ers, employees, agents, and rom liability <b>from any and all cl</b>	e, and coven	, I, for myself, m ant not to sue The Regents of ing the negligence of The Re resulting in	y heirs, personal representatives of the University of California, its and its officers egents of the University of
Signature of Pa	rent/Guardian of Minor	Date	Signature of User	Date
may use faciliti sports, classes, exertions of stre and others invo The sp bruises, sprains and 3) catastrop	nated regardless of the care takenes, venues, or public outdoor sparuns and races, outdoor adventurength using various muscle grouply sustained physical activity we exific risks vary from one activity, 2) major injuries such as eye in othic injuries including paralysis a	n to avoid injaces and makeres, communips, some involution places sty to another, jury or loss cand death.	uries. e available activities such as sty services, recitals and trips. olve quick movements involvtress on the cardiovascular sy but the risks range from 1) not sight, joint or back injuries,	Some of these involve strenuous ing speed and change of direction, stem.  ninor injuries such as scratches,
inherent in the	activities made possible by that my participation is volunt			<del>-</del>
California and any and all clair result of my inv	ms, actions, suits, procedures, covolvement in activities ofse them for any such expenses in	osts, expenses	1 '4	Regents of the University of s and members HARMLESS from luding attorney's fees brought as a
	The undersigned further express broad and inclusive as is perm is agreed that the balance shall, r	itted by the la	aw of the State of California	
fully understand acknowledge th	ent of Understanding: I have a distribute its terms, and understand that nat I am signing the agreement for release of all liability to the greater	t <b>I am giving</b> eely and volu	up substantial rights, incluintarily, and intend by my si	ding my right to sue. I
Signature of Pa Participant's A	rent/Guardian of Minor ge (if minor)	Date	Signature of Participant	Date

## UNIVERSITY OF CALIFORNIA, SAN DIEGO







IDEA Student Center at UC San Diego Envision Irwin and Joan Jacobs School of Engineering 9500 Gilman Drive MC 0429 La Jolla, California 92093-0429 Tel: 858-534-6105 Fax: 858-822-3903

## Media Release Waiver

We hereby authorize the Regents of the University photograph, videotape, audio record, televise, duple for the purposes of IDEA Student Center/Envision	icate and/or transfer to present or future technology
(student	's name) as a participant in the Envision program.
California its authorized agents, employees and ass	gram, we agree that the Regents of the University of signees may use the photographs, videotapes, and/or exhibit, publish, or distribute in any positive manner as use.
I understand that my student's name, hometown or considered for use, for future IDEA Student Center	country, and photograph may be used or be /Envision information items, including news releases.
Student Signature	Date
Parent/Guardian Signature	Date