

PROGRAM WAIVER

Date	AR Member (Scan Code	SDSU Student SDSU Affilliate Community
Last Name		First Name
PROGRAM / CI		
Name		Day / Time
	No Credit	Day / Time
EMERGENCY (CONTACT	
		Phone ()
A.S. OF SDSU AZ	TIEC RECREATION — ASSUMPTION C	OF RISK, WAIVER, AND RELEASE FROM LIABILITY
facilities provided Sports, Weight and programs and serv not limited to risk	by Associated Students of SDSU and participation of Cardiovascular training, Aztec Adventures (Outinices sponsored by A.S. Aztec Recreation Departm of physical or psychological injury and death), illness, property damage or economi	nt") understands and acknowledges that the activities the use of equipment and in the AS/SDSU Recreation Programs (Intramurals, Sport Clubs (extramurals), Physical gs, Team Building and Ropes Course, Climbing Wall), Dance, Swimming, and any other ent) and related travel (hereafter referred to as "The Activity") involve risks such as but or emotional loss which might result from the activity itself, the acts of others or the
kin, heirs and repro California State Un volunteers and ago	esentatives, I release from all liability and promise liversities, San Diego State University, Associated S ents (collectively "Released Parties") from any and logical injury (including paralysis and death), illnes	he Activity and/or use of the Premises or Facility, on behalf of myself and my next of not to sue the State of California, California State University, the Trustees of the students of San Diego State University and their employees, officers, directors, all claims, including claims of the Released Parties negligence resulting in any s, property damage or economic or emotional loss the Participant may suffer because
3. The undersigned acknowledges that they have the requisite skills, qualifications, physical ability and training necessary to properly and safely use the equipment and facilities and to participate in the activity itself. The undersigned agrees that if they have any questions as to what skills, qualifications or training is necessary to properly use the equipment, facility, or participate in the activity itself, then, they shall direct such questions to the appropriate Staff Member on site.		
4. The undersigned acknowledges reading and knowing all of the policies and procedures relating to the activities, facilities and/or equipment and understands that the safe and proper use of the facilities, equipment or participation in the activity is dependent upon carefully following such policies procedures.		
5. I agree to hold the Released Parties harmless from any and all claims, including attorney's fees or damage to personal property that may occur as a responsible for any costs incurred as a result of such treatment. I am aware and understand that the Participant should carry their own health insura		
6. I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion invalid or unenforceable, I will continue to be bound by the remaining terms.		
7. The undersigned agrees to pay for any and all damages to any property of the Released Parties caused by the Participant whether negligently, willfully or otherwise.		erty of the Released Parties caused by the Participant whether negligently,
8. EMERGENCY TREA	ATMENT CONSENT: The undersigned hereby gives	consent to medical treatment of the Participant in the event of an emergency.
9. IMAGE RELEASE: I give my consent for the Participant to be included in photographic properties of the Participant of the Par		d in photographs, videos, slides, and movies taken in the facilities by students, staff,
TV, Radio and/or o	ther news media. I understand that pictures bec	ome property of Associated Students of SDSU, and might appear in promotional
	ions, and social media.	
	ble legal rights. Nonetheless I agree to be bound	m. I have read and understand the agreement and I realize the agreement involves by all of the terms of the agreement. I also give consent to the participation in The
SIGN HERE	x	
	Signature of participant	DATE

Revised 1/19 STAFF Initials _____