

YOUTH WAIVER FORM

Name of Parent or Guardian		Phone	
Emergency Contact		Phone	
NAME	AGE	NAME	AGE
		C RECREATION ND RELEASE FROM LIABILIT	
. The undersigned legal guardian of the participant(s) the activities the use of equipment and facilities prov (Intramurals, Sport Clubs (extramurals), Physical Spo Course, Climbing Wall), Dance, Swimming, and any o travel (hereafter referred to as "The Activity") involve and death), illness, property damage or economic or unavailability of emergency care.	listed above (hereafter vided by Associated Sturts, Weight and Cardion ther programs and serverisks such as but not	referred to as "The Participant") understar dents of SDSU and participation in the AS/S rascular training, Aztec Adventures (Outing rices sponsored by A.S. Aztec Recreation D limited to risk of physical or psychological i	nds and acknowledges that SDSU Recreation Programs s, Team Building and Rope epartment) and related njury (including paralysis
In consideration for The Participant being allowed to next of kin, heirs and representatives, I release from Trustees of the California State Universities, San Dieg employees, officers, directors, volunteers and agents Parties negligence resulting in any physical or psychol emotional loss the Participant may suffer because or	all liability and promise go State University, Ass s (collectively "Released logical injury (including	e not to sue the State of California, Californi ociated Students of San Diego State Univers I Parties") from any and all claims, including paralysis and death), illness, property dam	ia State University, the sity and their g claims of the Released
The undersigned acknowledges that The Participant safely use the equipment and facilities and to partici skills, qualifications or training is necessary to proper questions to the appropriate Staff Member on site.	pate in the activity itse	f. The undersigned agrees that if they have	any questions as to what
. The undersigned acknowledges reading and knowing understands that the safe and proper use of the facil policies and procedures.			
. I agree to hold the Released Parties harmless from a a result of participation in The Activity, including trav financially responsible for any costs incurred as a res health insurance.	vel to, from and during	The Activity. If the Participant needs medic	cal treatment, I agree to be
. I understand that this document is written to be as be held invalid or unenforceable, I will continue to be be			I agree that if any portion
. The undersigned agrees to pay for any and all damag willfully or otherwise.	ges to any property of t	he Released Parties caused by the Participa	int whether negligently,
EMERGENCY TREATMENT CONSENT: The undersigned	ed hereby gives consen	t to medical treatment of the Participant in	the event of an emergen
. IMAGE RELEASE: I give my consent for the Participa staff, TV, Radio and/or other news media. I underst promotional materials, publications, and social medi APPROVAL OF LEGAL GUARDIAN OF PARTICIPANT (I	nt to be included in pho and that pictures becon a. FOR PARTICIPANT IS U	otographs, videos, slides, and movies taken me property of Associated Students of SDSI NDER 18 YEARS OF AGE): I am the legal gua	in the facilities by student U, and might appear in ardian of The Participant
named on this form. I have read and understand the Nonetheless I agree to be bound by all of the terms of	=	_	
Signature		Date	
(Parent or Guardian)			

Revised 1/19 STAFF Initials _____