

California State University, Stanislaus - Warrior Athletics Camp/Clinic
RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK
AND AGREEMENT TO PAY CLAIMS

Camp/Clinic Title:	
Location:	
Date:	MINOR Participant Name:
MINOR Age:	MINOR Birthdate:

In consideration for being allowed to participate in the above named **CALIFORNIA STATE UNIVERISTY, STANISLAUS WARRIOR ATHLETICS CAMP**, on behalf of myself and my next of kin, heirs, and representatives, I **release from liability and promise not to sue** the State of California, the Trustees of The California State University, California State University, California State University, Stanislaus, and their employees, officers, directors, volunteers and agents (collectively "University") from any and all claims, **including claims of the University's negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic loss or emotional loss my child may suffer because of their participation in this Camp, including travel to, from and during the Camp.

I am aware of the risks associated with traveling to/from and my child's participation in this Camp, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my child's or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Camp location(s) or facilities. **Nonetheless, I assume all related risks, both known or unknown to me, of my child's participation in this Camp, including travel to, from and during the Camp.**

I agree to **hold** the University **harmless** from any and all claims, including attorney's fees or damage to my personal property, which may occur as a result of my child's participation in this Camp, including travel to, from and during the Camp. If the University incurs any of these types of expenses, I agree to reimburse the University. If my child needs medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

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 is held invalid or unenforceable, I will continue to be bound by the remaining terms. I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

I am the parent or legal guardian of the Participant. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant's behalf, (b) promising not to sue the University on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to, from and during the Activity.** I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

PRINT Name of Minor Participant's Parent/Guardian

Date

SIGNATURE of Minor Participant's Parent/Guardian

Date