



**SAN FRANCISCO
STATE UNIVERSITY**

CAMPUS RECREATION DEPARTMENT
(MASHOUF WELLNESS CENTER)
755 Font Blvd.
San Francisco, CA 94132-4260

Tel: 415/405-9355

Fax: 415/338-2172

RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND
AGREEMENT TO PAY CLAIMS

Activity: San Francisco State University Campus Recreation Department Activities of Intramural Sports Leagues, Group X Classes, and Informal Recreation including: basketball, flag football, soccer, tennis, volleyball, swimming, group exercise classes, open rec play, weight lifting, cardio exercise, racquetball, squash ball, personal training, massage, rock climbing.

Activity Date(s) and Time(s): During San Francisco State University Campus Recreation Department hours of operation, August 1, 2017 through September 30, 2018.

Activity Location(s): Activity spaces within the San Francisco State University campus where Campus Rec activities occur, including but not limited to: Gymnasium Building, Burk Hall, West Campus Green, Tennis Courts, Field, and Mashouf Wellness Center.

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, **I release from all liability and promise not to sue** the State of California, the Trustees of the California State University, San Francisco State University 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 or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, 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 own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.**

I agree to **hold** the University **harmless** from any and all claims, including attorney's fees or damage to my personal property that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need 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 grant permission for Campus Recreation to take, and make public, visual/audio images of me for marketing purposes. I agree that Campus Recreation owns the images and all the rights to them. Without notifying me the images may be used in any manner or media for marketing purposes including, but not limited to, University-sponsored websites, publications, promotions, advertisements, and posters. I waive any right to inspect, approve, or be compensated for the use of such images.

04/2018



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I am 18 years or older. I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.

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.

Participant Signature: _____

Participant Name (print): _____

Date: _____

If Participant is under 18 years of age:

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

Signature of Minor Participant's Parent/Guardian

Name of Minor Participant's Parent/Guardian (print)

Date

Participant's Name

Date of Birth