

Occidental College Assumption of Risk, Release and Waiver

This is a legally binding Assumption of Risk, Release and Waiver Agreement (the Release), executed by [Name:] _____ (Participant), whose address is _____, to Occidental College (the College), located at 1600 Campus Rd, Los Angeles, CA 90041.

1.0 I, the undersigned, wish to participate in _____ (the Activity) from [date:] _____ to [date:] _____.

2.0 In consideration for being permitted to participate in the Activity, I hereby release, waive, forever discharge, and covenant not to sue the College, its trustees, officers, agents, employees, volunteers, insurers, and students (Releasees), from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature which I may have or which may hereafter accrue to me, arising out of or related to any loss, damage, or injury, including but not limited to suffering and death, that may be sustained by me or by any property belonging to me or in my custody, whether caused by the negligence or carelessness of the Releasees, or otherwise, while I am on, or in transit to or from, the premises where the Activity, or any adjunct to the Activity, occurs or is being conducted.

3.0 I understand and agree that during the Activity, I may be participating in indoor and/or outdoor activities such as (but not limited to): recreational sports, games, and activities; skateboarding; scooting; bike riding; amusement park rides; bounce houses; trampolines; swimming; walking; hiking; crafts; consumption of food and beverages; field trips; and using computers or athletic, scientific, recreational, laboratory, audio/visual, or digital-art equipment. The Activity may also include occasional travel by bus, van, car, or electric cart.

I sign this Release in full recognition and appreciation of the dangers, hazards, and risks inherent in participating in the Activity (and any related travel), which include but are not limited to: tripping, slipping, and falling; physical injury (such as cuts, scrapes, and bruises; injury to muscles, tendons, and body parts; broken bones; concussions; pain or soreness; fatigue or exhaustion; dehydration; insect or animal bites; hypothermia or hyperthermia; chemical burns; food poisoning; allergic reaction; cardiac arrest; respiratory injury; and sunburn); collision with other persons, objects, vehicles, or structures; drowning; vehicular accident; psychological injury; exposure to cold or hot temperatures; illness; accident; disability; pain and suffering; or even death. I knowingly and freely agree to accept and assume all of the risks involved with this Activity, including those not listed above, and assume all responsibility for any injury I may suffer as a result of those risks and dangers.

4.0 I agree to comply with all federal, state, and local laws, directives, and guidelines related to the Activity while participating in the Activity. I understand and acknowledge that I will be supervised by the Activity's employees or volunteers while participating in the Activity (or any related activities) and I agree to follow all instructions, recommendations, and cautions issued by such employees or volunteers or any employee or agent of the College. I agree to take reasonable steps to ensure my own safety while participating in the Activity, such as wearing protective body clothing, closed-toe shoes, a helmet, sunscreen, or any other appropriate safety or protective equipment. If at any time I believe conditions to be unsafe, or I am no longer in the proper physical or mental condition to participate in the Activity, I will immediately discontinue my participation in the Activity.

5.0 I understand and agree that Releasees do not have medical personnel available at the location of the Activity. I hereby grant permission to Releasees to administer general first aid treatment for any minor injuries or illnesses sustained during the Activity. I understand and agree that Releasees are granted permission to authorize emergency medical treatment, if necessary, and that such action by Releasees

shall be subject to the terms of this Release and included within its scope. I understand and agree that Releasees assume no responsibility for any injury or damage that might arise out of, or in connection with, such authorized emergency medical treatment. I understand and agree that I am solely responsible for all costs related to such medical treatment and any related medical transportation and/or evacuation. I hereby consent to receive from any licensed hospital, physician, dental, or medical personnel any medical treatment deemed necessary if I am injured or require medical attention during my participation in the Activity.

I confirm that I am in good health and proper physical and mental condition and do not have any medical or other conditions that would impair my ability to participate in the Activity. I have completed the Emergency Medical Care Information Form (Exhibit A).

6.0 This Release is binding on me, my heirs, administrators, executors, personal representatives, legal predecessors, successors, and assigns. It is my express intent that this Release shall bind me, the members of my family, as well as my estate.

7.0 I further agree to indemnify, defend, and hold harmless Releasees from any claim, action, or cause of action arising out of, or related to, any matter that is released or risk that is assumed under this agreement or which is otherwise brought by any family member or third party arising out of, or related to, my participation in the Activity.

8.0 By my signature below, I acknowledge and represent that I have fully informed myself of the content of this Release by reading it before I sign it, that I understand what this document means and I sign it knowingly, voluntarily, and as my free act and deed. I have had the opportunity to consult with an attorney and have either done so or hereby waive this right. I warrant and represent that no oral representations, statements, or inducements, apart from the express contents of this document, have been made or relied on by me in signing this agreement. I sign with full knowledge of California Civil Code Section 1542 which reads:

A general release does not extend to claims that the creditor or releasing party does not know or suspect to exist in his or her favor at the time of executing the release and that, if known by him or her, would have materially affected his or her settlement with the debtor or released party.

The provisions of this statute, and any similar provision of the law of the state in which these events are held, are hereby waived and I fully release the Releasees from liability for any unknown claims.

9.0 I understand and agree that during the Activity, I may be photographed and/or videotaped by the College for internal and/or promotional use. I hereby grant and convey to the College all right, title, and interest, including but not limited to, any royalties, proceeds, or other benefits, in any and all such photographs or recordings, and consent to the College's use of my name, image, likeness, and voice in perpetuity, in any medium or format, for any publicity without further compensation or permission.

10.0 I hereby agree that this Release represents the full understanding between the College and me and supersedes all other prior agreements, understandings, representations, and warranties, both written and oral, between us, with respect to the subject matter hereof. This Release is to be construed in accordance with the laws of the State of California. If any term or provision of this Release is held to be illegal, unenforceable, or in conflict with any law, the validity of the remaining portions will not be affected thereby.

THIS IS A RELEASE OF LEGAL RIGHTS. READ BEFORE SIGNING.

By my signature below, I attest that the information expressed in this document is true and accurate, and that I agree to abide by all terms and conditions herein.

Participant Name: _____

Signature: _____

Date: __/__/__

If the Participant is under 18 years of age, a parent or legal guardian must also sign.

I am the parent or legal guardian of the minor named above and have the legal right to consent to this Release on their behalf. By signing below, I hereby: consent in all respects to the terms of this Release; authorize the College to obtain medical treatment for such minor and release the College from liability in accordance with Section 5 of this Release; and permit the Authorized Adults listed below to pick up my child from the Activity.

AUTHORIZED ADULT RELEASE (PICK UP LIST)

Identify any authorized individuals (over age 18) who have permission to pick up the child from the Activity. We will not release a child to anyone who is not listed here.

Name:

Relationship:

Signature of Parent or Legal Guardian: _____

Name of Parent or Legal Guardian (please print): _____

Address: _____

Date: _____

INFORMATION FOR MEDICAL TREATMENT (to be shared with emergency medical providers)

List all medications child is taking: _____

List child's allergies to medications, food, other: _____

Please note **all** conditions for which the child is currently receiving treatment: _____

List any additional, important, or useful medical or other information about your child: _____
