Participant's name:	Name
ranticipants name.	Please Prin
UNIVERSITY OF CALI	
Botanic Ga	ardens
Waiver of Liability, Assumption of	f Risk, and Indemnity Agreement
Waiver: In consideration of being permitted to part	icinate in any way in
Fundraising Events	respute in any way in
_	
hereinafter called "The Activity", I, for myself, my herelease, waive, discharge, and covenant not to sue officers, employees, and agents from liability from a The Regents of the University of California, its of personal injury, accidents or illnesses (including deato, participation in The Activity.	The Regents of the University of California, its any and all claims including the negligence of ficers, employees and agents, resulting in
Signature of Parent/Guardian of Minor Date	Signature of Participant Date
other risks that are inherent in The Activity. I her	ack injuries, heart attacks, and concussions to 3) know, understand, and appreciate these and
that I knowingly assume all such risks.	
Indemnification and Hold Harmless: I also as the University of California HARMLESS from any a expenses, damages and liabilities, including attorney The Activity and to reimburse them for any such expenses.	and all claims, actions, suits, procedures, costs, 's fees brought as a result of my involvement in
Severability: The undersigned further expressly agrisks agreement is intended to be as broad and inclus California and that if any portion thereof is held invanotwithstanding, continue in full legal force and effe	sive as is permitted by the law of the State of alid, it is agreed that the balance shall,
Acknowledgment of Understanding: I have read to indemnity agreement, fully understand its terms, and rights, including my right to sue. I acknowledge the voluntarily, and intend by my signature to be a conto the greatest extent allowed by law.	d understand that I am giving up substantial hat I am signing the agreement freely and
Signature of Parent/Guardian of Minor Date	Signature of Participant Date

Participant's Age (if minor) _____

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