Participant's name: Name		
Tarticipant's name.	Ttanie	Please Print
LINIMED CITY OF CALLEC	DIVEDCIDE	
UNIVERSITY OF CALIFO Botanic Gard		
Botaine Gard	511S	
Waiver of Liability, Assumption of R	isk, and Indemnity Agreeme	<u>ent</u>
Waiver: In consideration of being permitted to particip	nate in any way in	
Plant Sales		
	1	
hereinafter called "The Activity", I, for myself, my heir		
release, waive, discharge, and covenant not to sue Tl officers, employees, and agents from liability from any		
The Regents of the University of California, its offic		
personal injury, accidents or illnesses (including death)		
to, participation in The Activity.	, 11 5	,
Cinnet of Demock/Consuling & Minner Dete	C:	Data
Signature of Parent/Guardian of Minor Date	Signature of Participant	Date
Assumption of Risks: Participation in The Activity ca	rries with it certain inherent ri	sks that cannot be
eliminated regardless of the care taken to avoid injuries		
another, but the risks range from 1) minor injuries such		
injuries such as eye injury or loss of sight, joint or back	injuries, heart attacks, and co	ncussions to 3)
catastrophic injuries including paralysis and death.		
I have read the previous paragraphs and I ki	now understand and annred	riate these and
other risks that are inherent in The Activity. I hereby		
that I knowingly assume all such risks.	, J P	
Indemnification and Hold Harmless: I also agree		
the University of California HARMLESS from any and		
expenses, damages and liabilities, including attorney's		involvement in
The Activity and to reimburse them for any such expen	ses incurred.	
Severability: The undersigned further expressly agree	s that the foregoing waiver an	d assumption of
risks agreement is intended to be as broad and inclusive		-
California and that if any portion thereof is held invalid	1	
notwithstanding, continue in full legal force and effect.	•	,
A I I I A CIU I A II I I I I I I I I I I I I I I I	. 61: 1:1:4	C : 1 1
Acknowledgment of Understanding: I have read this	- · · · · · · · · · · · · · · · · · · ·	
indemnity agreement, fully understand its terms, and unrights, including my right to sue. I acknowledge that	0 0	-
voluntarily, and intend by my signature to be a comp		
to the greatest extent allowed by law.	iovo una unconantional i cicas	so or an maximy
3		
Circulations of Domont/Countries - CMines - Det	Ciamatuma af Dautiaina d	Data
Signature of Parent/Guardian of Minor Date	Signature of Participant	Date

Vol Waiver 7/01

Participant's Age (if minor) _____