Darticipantla name:	Name
Participant's name:	Please Prin
UNIVERSITY OF CALIF	
Botanic Gar	dens
Waiver of Liability, Assumption of Risk, and Indemnity Agreement	
<u></u>	
Waiver: In consideration of being permitted to partic	ipate in any way in
Rose Pruning Workshops	
1 . 0 11 1 1001 A .: 11 1 0 10 10	
hereinafter called "The Activity", I, for myself, my he	
release, waive, discharge, and covenant not to sue	
officers, employees, and agents from liability from a	
The Regents of the University of California, its offi	
personal injury, accidents or illnesses (including death	i), and property loss arising from, but not limited
to, participation in The Activity.	
Signature of Parent/Guardian of Minor Date	Signature of Participant Date
Signature of Farent/Quartilan of Willion Date	Signature of Farticipant Date
Assumption of Risks: Participation in The Activity	parries with it certain inherent risks that cannot be
eliminated regardless of the care taken to avoid injurio	
another, but the risks range from 1) minor injuries suc	
injuries such as eye injury or loss of sight, joint or bac	k injuries, neart attacks, and concussions to 3)
catastrophic injuries including paralysis and death.	
I have read the previous paragraphs and I	znow understand and appropriate these and
other risks that are inherent in The Activity. I here	
that I knowingly assume all such risks.	by assert that my participation is voluntary and
that I knowingly assume an such risks.	
<b>Indemnification and Hold Harmless:</b> I also ag	ree to INDEMNIEV AND HOLD The Recents of
the University of California HARMLESS from any ar	· · · · · · · · · · · · · · · · · · ·
expenses, damages and liabilities, including attorney'	
The Activity and to reimburse them for any such expe	nses incurred.
Covered 11:400. The readers is and fresh as evenes also con	say that the foresains visiven and assumetion of
<b>Severability:</b> The undersigned further expressly agree	
risks agreement is intended to be as broad and inclusi	± *
California and that if any portion thereof is held inval	
notwithstanding, continue in full legal force and effect	t.
A . L	:i
Acknowledgment of Understanding: I have read th	• • • •
indemnity agreement, fully understand its terms, and	0 0 1
rights, including my right to sue. I acknowledge that	
voluntarily, and intend by my signature to be a com	plete and unconditional release of all liability
to the greatest extent allowed by law.	
Signature of Parent/Guardian of Minor Date	Signature of Participant Date
Signature of Farent/Quartian of Millor Date	Signature of Farticipant Date

Participant's Age (if minor) \_\_\_\_\_

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