University of California, Los Angeles Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In return for being permitted to participate in the following activity or program ("The Activity"), including any associated use of the premises, facilities, staff, equipment, transportation, and services of the University, I, for myself, heirs, personal representatives, and assigns, do hereby release, waive, discharge, and promise not to sue The Regents of the University of California, its directors, officers, employees, and agents ("The University"), from liability from any and all claims, including the negligence of The University, resulting in personal injury (including death), accidents, or illnesses, and property loss, in connection with my participation in the Activity and any use of University premises and facilities.

Description of Activity or Program:

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of the care taken to avoid injury or ill any variants). The specific risks associ bruises, and sprains, to 2) major injur	ness, including contraction of C ated with any activity will vary, ies such as eye injury, joint or l	tain inherent risks that cannot be eliminated regardl COVID-19, the disease caused by SARS-CoV-2 (includ and may include 1) minor injuries such as scratches, bone injuries, heart attacks, and concussions, to 3) of COVID-19 which can cause serious illness or deat	ing
	enses, damages and liabilities, i	nold The University harmless from any and all claims ncluding attorney's fees, arising out of my ses incurred.	,
		n of Risk, and Indemnity Agreement is intended to be eld invalid the remaining portions will continue to h	
_	_	by the laws of the State of California, and any dispu he exclusive jurisdiction of the Courts of the State of	
Agreement, fully understand its term sue. I understand that no precautions	ns, and understand that I am s, restrictions, guidelines or pra I am signing the agreement fre	ibility, Assumption of Risk, and Indemnity giving up substantial rights, including my right to actices will eliminate the risk of exposure to the virusely and voluntarily, and intend my signature to be a extent allowed by law.	S
Participant Name (print)			
Participant Signature		Date	
I, the parent/legal guardian of the Pa	rticipant hereby agree to the al	pove on behalf of the Participant.	
Parent/Guardian Name (print)	Signature	Date	