

**After School Adapted Physical-activity Program (ASAPP) for Children with Special Needs  
General Release and Waiver of Liability & Hold Harmless Agreement  
2019-2020**

Please Read Carefully. This is a Release of Legal Rights.

Name of Minor Participant: \_\_\_\_\_ Age: \_\_\_\_\_

ASAPP Starting Date: 9/13/2019 ASAPP Ending Date: 5/10/2020

In consideration of being allowed to participate in any way in the **After School Adapted Physical-activity Program (ASAPP) 2019-2020** and/or being permitted to enter for any purpose any restricted area (defined as any area where admittance to the general public is prohibited), **I, the parent(s) and/or legal guardian(s) of the above-named minor agree to assume all risks of any kind for injury or damage the above-named minor may receive, sustain or cause as a result of participation, including property loss, property damage, personal injury or death.**

By my signature below, I acknowledge my understanding of this release and hold harmless and agree and confirm that:

1. As the parent/guardian, it is my responsibility to instruct the above-named minor that if he or she believes anything is unsafe, he or she should immediately advise the officials of such condition and refuse to participate.
2. The above-named minor may, during the course of the Program, participate in the following activities: (a) arts and crafts; (b) fundamental locomotor and object control skills; (c) balance and tumbling; (d) rhythm; (e) health-related fitness; (f) body awareness; (g) relaxation; (h) lead-up games and sports
3. A routine physical examination of the above-named minor was performed by his or her primary medical physician within 30 days of the start of the Program to determine fitness for admission into the Program (based upon the activities identified in item 2 above), and his or her physician determined that the above-named minor is fit to participate in the Program; and,
4. I grant permission for the above-named minor to receive medical treatment for any and all injuries and illnesses sustained or experienced during his or her participation in the Program activities, including but not limited to emergency first aid, emergency transport to a medical facility, and emergency treatment by medical personnel onsite or at a medical facility; and, I understand, agree and assume all responsibility, including financial, for all such medically-related actions.

I KNOWINGLY AND FREELY ASSUME ALL RISKS, KNOWN OR UNKNOWN, AND HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS, FOR MYSELF, THE ABOVE-NAMED MINOR AND OUR HEIRS, ASSIGNS, AND NEXT OF KIN, THE STATE OF CALIFORNIA; THE TRUSTEES OF THE CALIFORNIA STATE UNIVERSITY; CALIFORNIA STATE UNIVERISTY, LONG BEACH; AND CALIFORNIA STATE UNIVERSITY, LONG BEACH FOUNDATION; ASSOCIATED STUDENTS, INC., and the 49'er SHOPS, and each of their trustees, officers, employees, and volunteers (RELEASEES) WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated with the presence or participation of the above-named minor in my charge, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

Printed Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_