Release, Waiver of Liability and Assumption of Risk & Hold Harmless Agreement

Name of Minor Participant: ___________________________ Age: __________

Camp Starting Date: 6/20/2016  Camp Ending Date: 7/15/2016

In consideration of being allowed to participate in any way in the Camp Nugget 2016, 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 bodily injury, personal injury, death, property loss, or property damage.

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; and (i) aquatics, including swimming and diving.

3. A routine physical examination of the above named minor was performed by his or her primary medical physician prior to the start of the Program to determine fitness for admission into the Program. His or her physician has determined that the above named minor is fit to participate in the Program. On the “Camp Nugget: Child Planning Information” form I will provide a written statement advising of any medical findings identified by the physician during the medical examination, which may negatively influence the above named minor’s participation in any Program activity.

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.

5. 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 UNIVERSITY, 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, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

Name of Participant Child (Please Print): __________________________________________

Printed Name of Parent/Guardian: __________________________________________

Signature of Parent/ Guardian: ___________________________ Date: __________