

Activity: 2021 Sacramento State Youth Athletic Camp

Activity Locations: Sacramento State Campus Athletic Facilities

Hazards to be aware of: Participation in any sport exposes the participant to the risk of injury or death. Injuries include death, serious neck and spinal injuries, paralysis, brain damage, injury to vital organs, bones, joints, muscles and tendons, heat injuries, psychological/emotional injuries, heat injuries, etc.

Hazard mitigation (how to prepare for a safe activity): Follow coaches' instructions, come prepared for the activity, proper shoes and other standard equipment, proper warm up and stretching, drinking sufficient water, caution when playing, etc.

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, I **release from all liability and promise not to sue** the State of California, the Trustees of The California State University, California State University, Sacramento and their employees, officers, directors, volunteers and agents (collectively "University") from any and all claims, **including claims of the University's negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.**

I agree to **hold** the University **harmless** from any and all claims, including attorney's fees or damage to my personal property, that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University.

If medical treatment is necessary, I authorize the University to obtain medical treatment and agree to be financially responsible for any costs incurred as a result of such treatment. I will not hold the University responsible for any claims resulting from medical treatment. I am aware and understand that I should carry my own health insurance and that the University does not provide health insurance for participating.*

I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms. A copy of this agreement shall suffice as original.

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I have read this two (2)-page document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Participant Signature: _____

Participant Name (print): _____ Date: _____

Health insurance company: _____ Policy number: _____

If Participant is under 18 years of age:

I am the parent or legal guardian of the Participant. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to, from and during the Activity.** I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

I have read this two (2)-page document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Print Name of Minor Participant's Parent/Guardian

Signature of Minor Participant's Parent/Guardian

Date

Minor Participant's Name

Health insurance company

Policy number

** Sacramento State Athletics purchases secondary excess accidental medical coverage, in the amount of \$25,000 for all individual camp participants.*