SPECIAL EVENT, CLASS & ACTIVITY WAIVER FORM

Mission Bay Aquatic Center/Associated Students of SDSU

GROUP NAME OR ACTIVITY		ACTIVITY DATE
FIRST NAME	LAST NAME	BIRTHDATE
ADDRESS		
CITY	STATE	ZIP
CELL/PRIMARY PHONE	EMAIL	
EMERGENCY CONTACT NAME	EMERGENCY CONTACT PHONE	RELATIONSHIP
PARTICIPANT TYPE (choose one)		I
☐ Current Student ☐ SDSU ☐ UCSD	School ID #	
Current Student Other SD Area College School ID #		ID #
Faculty/Staff at SD Area College	School	ID #
General Public/Youth/Unaffiliated		cessible Watersports Participant
PARTICIPANT WAIVER		
economic or emotional loss which might re 2. In consideration for The Participant being a of kin, heirs and representatives, I release California State Universities, San Diego Sta Students of San Diego State University and claims, including claims of the Released Pa property damage or economic or emotions 3. The undersigned acknowledges that the Pa Participant is "water safe" (able to swim 5 what skills, qualifications and physical abili 4. I agree to hold the Released Parties harmle result of participation in The Activity, inclu- financially responsible for any costs incurre health insurance.	esult from the activity itself, the acts of others of allowed to participate in The Activity and/or use from all liability and promise not to sue the State University, Regents of the University of Calife their employees, officers, directors, volunteers rties negligence resulting in any physical or psy all loss the Participant may suffer because of participant has the skills, qualifications, and phys to meters and comfortably tread water). The use is necessary to properly participate in The Actes from any and all claims, including attorney's ding travel to, from and during The Activity. If the day a result of such treatment. I am aware an	e of the Premises or Facility, on behalf of myself and my next te of California, the City of San Diego, the Trustees of the ornia, the University of California San Diego, the Associated and agents (collectively "Released Parties") from any and a chological injury (including paralysis and death), illness, rticipation in The Activity. Ical ability to properly participate in The Activity and that The Indersigned agrees that if he or she has any questions as to ctivity, then they shall direct such questions to management fees or damage to personal property that may occur as a the Participant needs medical treatment, I agree to be d understand that the Participant should carry their own
invalid or unenforceable, I will continue to	be bound by the remaining terms.	d by the State of California. I agree that if any portion is hel
The undersigned agrees to pay for any and or otherwise.	all damages to any property of the Released Pa	arties caused by the Participant whether negligently, willfully
7. EMERGENCY TREATMENT CONSENT: The u	undersigned hereby gives consent to medical tr	eatment of the Participant in the event of an emergency.
	· · · · · · · · · · · · · · · · · · ·	eos, slides, and movies taken at the Center by students, staff ciated Students of SDSU, and might appear in promotional
The Participant or the legal guardian of The	e Participant named on this form. I have read a Nonetheless I agree to be bound by all of the	NT IF PARTICIPANT IS UNDER 18 YEARS OF AGE: I amend understand the agreement and I realize the agreement terms of the agreement. I also give consent to the
SIGN HERE X		
	pant -OR- signature of legal guardian if particip	pant is under 18 DATE