Please print with blue or black ink. Complete and sign and submit to event organizer/representative. For more information about insurance requirements for special events, please refer to the Risk Management website. https://www.sjsu.edu/fabs/ services/risk/insurance/events.php

I. General Information

Participant's Name:	
Participant's Address:	Phone #:
Event Description:	Date(s):

In consideration of my voluntary participation in the above event, I hereby waive, release, and discharge any and all claims for damages for death, personal injury, or property damage which I may have, or which hereafter may accrue to me, against San José State University as a result of my participation in this event.

This release is intended to discharge the State of California, Trustees of the California State University, San José State University, officers, employees, students, and volunteers of each and any other public agencies from and against any and all liability arising out of or connected in any way with my participation in this event, even though that liability may arise out of the negligence or carelessness on the part of persons or agencies mentioned above.

I further understand that accidents and injuries can arise out of transportation to and from, and participation in this event. Knowing the risks, nevertheless, I hereby agree to assume those risks and to release and hold harmless all of the persons or agencies mentioned above who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages. It is further understood and agreed that this waiver, release and assumption of risks is binding on my heirs and assigns.

I have read this entire Release Agreement. I fully understand it and I agree to be legally bound by it.

THIS IS A RELEASE OF YOUR RIGHTS. READ CAREFULLY BEFORE SIGNING.

II. Signature for Release

Signature of Participant	Date
Signature of Parent or Guardian (If Participant is under 18 years of age.)	
Witness	Date