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SANTA BARBARA • SANTA CRUZ

REVELLE RESIDENCE LIFE OFFICE 9500 GILMAN DRIVE, 0312 La Jolla, California 92093-0312 (858) 534-3025 (858) 534-3004 (fax)

Dear Revelle Parent or Guardian:

UCSD requires students to sign a release of liability for their participation in activities that carry certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. Most students enrolled at UCSD are 18 years of age or older and are considered adults under California law, and they are, therefore, able to sign this waiver of liability and to authorize emergency medical care or other emergency services.

Our records indicate that your student will be a minor under California law (i.e., under the age of 18) upon enrollment at UCSD. And, in light of this special status of your student we are requesting all parents or guardians of minor students (under the age of 18) to sign the release of liability set forth below. We also request that you identify a responsible adult over the age of 25 who can serve as a local emergency contact person in the unlikely event of an emergency or other urgent circumstances when the parent or quardian

cannot be contacted. This local contact person can be you or another adult if you live outside the local area. Emergency Contact(s): Over 25 Phone Number Relationship to Name Email Address Yes/No Student **Local Emergency Contact(s):** Phone Number Name Over 25 Relationship to **Email Address** Yes/No Student Waiver and Release of Liability: I, hereby certify that I am the parent or legal guardian of the minor named below who is enrolled at the University of California, San Diego and that I am authorized to provide the following waiver and release of liability for that minor student. Therefore, I₇ for myself and my minor student(s) listed below, our heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue The Regents of the University of California, its officers, employees, and agents from liability from any and all claims including the negligence of The Regents of the University of California, its officers, employees and agents, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in activities at UCSD. Participation in activities carries certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death. I have read the previous statements and I know, understand, and appreciate these and other risks that are inherent in UCSD activities. I hereby assert that my participation is voluntary and that I knowingly assume all such risks. I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in UCSD activities and to reimburse them for any such expenses incurred. The undersigned further expressly agrees that the foregoing waiver and assumption of risks disclaimer of liability is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, the balance shall, notwithstanding, continue in full legal force and effect. I have read this waiver of liability, fully, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing this waiver of liability freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Print Student's Name:	PID:	Date of Birth:
Print Parent/Guardian Name:		
Parent/Guardian Signature:		Date: