



**RELEASE OF LIABILITY, WAIVER OF RIGHT TO SUE, ASSUMPTION OF RISK
AGREEMENT TO PAY CLAIMS AND MEDICAL TREATMENT AUTHORIZATION**

Activity: 2017 Volleyball All-Skills Camps: July 17-21; July 24-28; July 31-Aug. 4

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 my child, (Name) _____ being allowed to participate in the Activity named above, I **release from liability and waive my right to sue** the State of California, the Trustees of the California State University, which own and operate California State University, Sacramento and their employees, officers, volunteers and agents (collectively "University") from any and all claims, **including the University's negligence**, resulting in any physical injury, illness (including death) or economic loss that my child may suffer because of my participation in this Activity, including any travel to and from the Activity.

I am voluntarily allowing the participation of my child in this Activity. I understand that there are risks, such as physical and/or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability or even death, which may occur from my participation in this Activity. These injuries or outcomes may arise from my child's or other's actions, inactions, negligence, or from the condition of the Activity location(s) or facility(ies). **Nonetheless, I, the child's parent or guardian, assume all related risks, whether known or unknown to me, of the named child's participation in this Activity, including travel to and from the Activity.**

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

If the participating child needs medical treatment, the University is authorized to obtain medical treatment for him/her. I will be financially responsible for any costs of such treatment. I agree that I will not hold the University responsible for any claims resulting from any medical treatment. I am aware that the University does not provide health insurance for the participating child, and that any reliance on health insurance is my responsibility.

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I am 18 years or older. I have read this document, and I am signing it freely. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) waiver of my right to sue the University, (c) and assumption of all risks of participating in this Activity, including travel to and from 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.

Minor participant's name

Date

I am the parent or legal guardian of the Participant.

A copy of this agreement shall suffice as original.

I have read this two-page document, and I am signing it freely. **I understand the legal consequences of signing this document, including (a) release of University from all liability on my and the Participant's behalf, (b) waiver of my and the Participants' right to sue, (c) and assumption of all risks of the Participant's participation in this Activity, including travel to and from 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.

Health insurance company

Policy number

Signature of minor participant's parent/guardian

Date

Minor participant's name

Additional information

Sacramento State purchases secondary excess accidental medical coverage, in the amount of \$25,000 for all individual clinic participants. There is a deductible which shall be the parent's responsibility. In addition, all campers must have primary insurance coverage. Teams must also provide a certificate of insurance.