## The Regents of the University of California,

San Benito County Cooperative Extension 4-H Youth Development Program

Description/Name of Date(s) of Activity: _	Activity:Participation in				
	WAIVER OF LIABILITY	.ASSUMPT	TON OF RISK, AND INDEMNITY	AGREEMENT	
transportation, and services of Regents of the University of C	the University, I, for myself, my heirs California and	s, personal repr	resentatives, and assigns, <b>do hereby relea</b> their directors, officers, empl	iated use of the premises, facilities, staff, equipase, waive, discharge, and promise not to sue oyees, and agents ("The Parties"), from liabilinesses, and property loss, in connection with many	The ty from
from one activity to another, b		es such as scra		of the care taken to avoid injury. The specific r juries such as eye injury, joint or bone injuries,	
liabilities, including attorney's	s fees arising out of my involvement in	the Activity, a		ions, suits, procedures, costs, expenses, damag incurred. In particular in reference to any claim that I have participating in the Activity.	
	hat this Waiver of Liability, Assumption the remaining portions will continue to			as broad and inclusive as permitted by law, and	that if any
Governing Law and Jurisdie shall be under the exclusive ju	ection: This Agreement shall be govern risdiction of the courts of the State of	ed by the laws California.	of the State of California, and any dispute	es arising out of or in connection with this Agre	eement
giving up substantial rights, unconditional release of all l	including my right to sue. I confirm	that I am signi	ng the agreement freely and voluntarily, a	t, fully understand its terms, and understand that intend my signature to be a complete and AVE THOROUGHLY READ AND UNDER	d
Participant Name – PRINT CLEARLY	Signature of Participant	Participant Age (if a minor)	Parent/Guardian Name – PRINT CLEARLY	Signature of Parent/Guardian (if participant is a minor)	Date

## WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

Description/Name of Activity: Participation in the	
Date(s) of Activity:	Page 2 of 2

## DO NOT SIGN BELOW UNLESS YOU HAVE THOROUGHLY READ AND UNDERSTOOD THE ENTIRE CONTENTS OF THIS RELEASE FORM.

Participant Name – PRINT CLEARLY	Signature of Participant	Participant Age (if a minor)	Parent/Guardian Name – PRINT CLEARLY	Signature of Parent/Guardian (if participant is a minor)	Date