

# CAMPUS RECREATION ROPES COURSE SONOMA STATE UNIVERSITY

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_  
EMERGENCY CONTACT: \_\_\_\_\_ PHONE #: \_\_\_\_\_

## RELEASE OF LIABILITY/AGREEMENT NOT TO SUE FOR ROPES COURSE ACTIVITIES:

I, \_\_\_\_\_, AM AWARE THAT ROPES COURSE ELEMENTS AND ACTIVITIES INCLUDE CERTAIN RISKS INCLUDING BUT NOT LIMITED TO THE RISK OF INJURY OR DEATH. I AM VOLUNTARILY PARTICIPATING IN THIS ACTIVITY AND/OR INSTRUCTION ABOUT THIS ACTIVITY WITH KNOWLEDGE OF THE DANGERS INVOLVED, AND HEREBY AGREE TO ACCEPT FULL RESPONSIBILITY FOR THE RISKS AND DANGERS INVOLVED.

IN CONSIDERATION OF BEING ALLOWED TO USE THE ROPES COURSE FACILITIES AND PARTICIPATE IN PROGRAMS WITH SONOMA STATE UNIVERSITY'S CAMPUS RECREATION ROPES COURSE.

- 1) I AGREE THAT I WILL NOT SUE, OR OTHERWISE MAKE ANY CLAIM AGAINST SONOMA STATE UNIVERSITY, SONOMA STUDENT UNION, OR THEIR EMPLOYEES, AGENTS (WHETHER PAID OR VOLUNTEER), AND CONTRACTORS, FOR ANY LOSS, INJURIES, OR DAMAGES RESULTING FROM PARTICIPATION IN ROPES COURSE ELEMENTS AND ACTIVITIES AT SONOMA STATE UNIVERSITY'S CAMPUS RECREATION ROPES COURSE.
- 2) I AGREE SONOMA STATE UNIVERSITY'S CAMPUS RECREATION ROPES COURSE, ITS EMPLOYEES, AGENTS, AND CONTRACTORS, WILL NOT BE LEGALLY RESPONSIBLE FOR ANY LOSS, INJURY OR DAMAGE OF ANY KIND TO ME, MY HEIRS, OR ASSIGNS, RESULTING FROM ANY CAUSE, INCLUDING NEGLIGENCE.
- 3) I AGREE TO USE THE ROPES COURSE FACILITIES ACCORDING TO THE RULES AND REGULATIONS OF SONOMA STATE UNIVERSITY'S CAMPUS RECREATION ROPES COURSE.
- 4) I AGREE THAT AS TO ANY EQUIPMENT, WHICH I USE FROM SONOMA STATE UNIVERSITY'S CAMPUS RECREATION ROPES COURSE DURING ANY CLIMBING/ELEMENT OR OTHER ACTIVITY, I USE AT MY OWN RISK. I UNDERSTAND AND AGREE THAT SONOMA STATE UNIVERSITY'S CAMPUS RECREATION ROPES COURSE SHALL NOT BE LIABLE FOR ANY LOSS, DAMAGE, OR INJURY RESULTING FROM THE USE OF SAID EQUIPMENT. SONOMA STATE UNIVERSITY'S CAMPUS RECREATION ROPES COURSE MAKES NO WARRANTIES REGARDING SAID EQUIPMENT.
- 5) TO THE FULLEST EXTENT ALLOWED BY LAW I AGREE TO **RELEASE, INDEMNIFY AND HOLD HARMLESS** SONOMA STATE UNIVERSITY'S CAMPUS RECREATION ROPES COURSE, ITS EMPLOYEES, AGENTS, AND CONTRACTS FROM ALL ACTIONS OR CLAIMS WHICH COULD BE BROUGHT BY MYSELF, MY HEIRS, ASSIGNS OR PERSONAL REPRESENTATIVE(S) FOR ANY LOSS, INJURY OR DAMAGE SUSTAINED DURING AND RESULTING FROM PARTICIPATION IN ANY ACTIVITY AT SONOMA STATE UNIVERSITY'S CAMPUS RECREATION ROPES COURSE INCLUDING ANY LOSS, INJURY OR DAMAGE RESULTING FROM USE OF ANY EQUIPMENT.
- 6) THE TERMS OF THIS RELEASE SHALL ALSO BE BINDING AS TO ANY OTHER PERSONS, INCLUDING FAMILY MEMBERS, HEIRS, EXECUTORS OR ADMINISTRATORS, AND INCLUDING ANY MINORS WHO MAY ACCOMPANY ME. I UNDERSTAND THAT THIS IS A BINDING CONTRACT WHICH SUPERSEDES ANY OTHER AGREEMENTS OR REPRESENTATIONS, AND IS NOT INTENDED TO PROVIDE A COMPREHENSIVE AND COMPLETE RELEASE OF LIABILITY, BUT IS NOT INTENDED TO ASSERT DEFENSES WHICH ARE PROHIBITED BY LAW.
- 7) I GRANT PERMISSION FOR CAMPUS RECREATION TO TAKE VISUAL/AUDIO IMAGES OF MYSELF. I AGREE THAT CAMPUS RECREATION OWNS THE IMAGES AND ALL THE RIGHTS RELATED TO THEM. THE IMAGES MAY BE USED IN ANY MANNER OR MEDIA WITHOUT NOTIFYING ME, SUCH AS UNIVERSITY-SPONSORED WEBSITES, PUBLICATIONS, PROMOTIONS, ADVERTISEMENTS AND POSTERS. I WAIVE ANY RIGHT TO INSPECT OR APPROVE THE FINISHED IMAGES OR ANY PRINTED OR ELECTRONIC MATTER THAT MAY BE USED WITH THEM, OR TO BE COMPENSATED FOR THEM.
- 8) I AM LEGALLY COMPETENT TO SIGN THE RELEASE; OR, MY PARENT OR GUARDIAN HAS READ AND SIGNED THIS RELEASE.

I HAVE CAREFULLY READ THIS AGREEMENT. I FULLY UNDERSTAND ITS CONTENTS AND SIGN IT OF MY OWN FREE WILL.

PARTICIPANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

MUST ALSO BE SIGNED BY A PARENT OR LEGAL GUARDIAN IF PARTICIPANT IS A MINOR, UNDER 18 YEARS OF AGE.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

IF I AM SIGNING ON BEHALF OF A MINOR, IN ADDITION TO THE TERMS ABOVE, I ALSO AGREE TO RELEASE, HOLD HARMLESS AND INDEMNIFY SONOMA STATE UNIVERSITY'S CAMPUS RECREATION ROPES COURSE, AND ITS EMPLOYEES, AGENTS, AND CONTRACTORS FOR AN CLAIM THE MINOR COULD BRING. I AGREE TO BE SOLELY RESPONSIBLE FOR ANY MEDICAL OR LEGAL EXPENSES INCURRED BY THE MINOR.

ACCEPTED BY SONOMA STATE UNIVERSITY'S CAMPUS RECREATION ROPES COURSE STAFF SIGNATURE: \_\_\_\_\_