

**UNIVERSITY OF SOUTHERN CALIFORNIA
OFFICE OF STUDENT ACTIVITIES**

University Park
Los Angeles, CA 90089

WAIVER, RELEASE, AND INDEMNITY AGREEMENT

For and in consideration of being permitted to participate and allowed to participate in any activities, training programs, and related events at any location offered by the University of Southern California, in the city of Los Angeles, and the state of California, the undersigned acknowledges under sound state of mind, that each participant will be engaging in activities that involve risk of injury, permanent disability and death, property damage, and severe social and economic loss which may arise from not only the participant's own actions, inactions, or negligence incidental thereto wherever and however for whatever period said activities or instruction may continue, including other risks not foreseeable at this time.

The undersigned, agrees hereby to voluntarily RELEASE, DISCHARGE, WAIVE, and RELINQUISH any and all actions directed towards the University, its affiliated organizations, administrators, instructors, other students/ participants, and organizational guests, all of which are hereinafter referred to as "Released Parties", from any liability that may arise from the undersigned and his/her heirs, estate, next of kin, executors, or anyone else acting on his/her behalf to present any claim, demand or loss on account of personal injury, property damage, or wrongful death, whether cause or alleged to be caused by whole or in part by the negligence of the Released Parties or otherwise.

The undersigned also acknowledges that at the sole discretion of the University of Southern California or the instructor of said activities, the undersigned's conduct, actions, and statements while participating or attending said activity or training are determined to be inappropriate or detrimental to the safety or well being of him/herself or others, the undersigned shall comply with the request of University or instructor to remove him/herself from site of activities and training immediately.

The undersigned hereby acknowledges that he/she has read and understands the foregoing three (3) paragraphs, has been fully and completely advised in potential dangers of engaging in activity, training, and other events of the Released Parties and is fully aware of the legal consequences of voluntarily signing below:

Please Circle:

Faculty Undergraduate Student Graduate Guest/Visitor Other _____

Print Name: _____ D.O.B.: _____

Address: _____

Phone: (____) _____ Emergency Contact: _____ Phone: (____) _____

Health Insurance Name: _____ Policy # _____

Signature: _____ Date: _____

Witness: _____
Signature of Parent (if applicable)