RSO Waiver Form **Waiver of Liability, Assumption of Risk, and Indemnity Agreement**

waiver: In consideration of		being permitted	to participate in any
way in hereinafter called "The Activity," I, for m	wself my he	irs nersonal representatives or as	sions do hereby
release, waive, discharge, and covenant		ns, personal representatives of as	isigns, do nereby
		its officers and members	ers:
 the	of Californi	a. its officers, employees, and ag	ents
from liability from any and all claims, in illnesses (including death), and property l	ncluding neg	gligence, that result in personal in	njury, accidents or
Signature of Parent/Guardian of Minor	Date	Signature of Participant	Date
Assumption of Risks: Participation in The eliminated regardless of the care taken to another, but the risks range from 1) minor such as eye injury or loss of sight, joint or injuries including paralysis and death.	avoid injurie r injuries suc	es. The specific risks vary from or h as scratches, bruises, and sprain	ne activity to ns 2) major injuries
I have read the previous paragrarisks that are inherent in The Activity. knowingly assume all such risks.	-		
Indemnification and Hold Harmless: the of California HARMLESS from any and and liabilities, including attorney's fees b reimburse them for any such expenses including	all claims, ac	ctions, suits, procedures, costs, ex	
Severability: The undersigned further exagreement is intended to be as broad and that if any portion thereof is held invalid, full legal force and effect.	inclusive as i	is permitted by the law of the Sta	te of California and
Acknowledgment of Understanding: I he indemnity agreement, fully understand its including my right to sue. I acknowledg intend by my signature to be a complet allowed by law.	s terms, and use that I am si	Inderstand that I am giving up igning the agreement freely and v	substantial rights, voluntarily, and
Signature of Parent/Guardian of Minor Participant's Age (if minor)	Date	Signature of Participant	Date