

ALL WEST REGIONAL CHAMPIONSHIPS (AWR)

RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS

Name : _____ Date of Birth: _____ Event: All West Regional Championships

AWR Date(s) and Time(s): March 22-23, 2025

In consideration for being allowed to participate in this Activities and/or use of the Premises or Facility, on behalf of myself and my next of kin, heirs and representatives, I release from all liability and promise not to sue the All West Regional Directors and staff (collectively "AWR ")as well as the State of California, the Trustees of the California State University, California State University, San Diego State University and their employees, officers, directors, volunteers and agents (collectively "University") and the Associated Students of SDSU and their employees, officers, directors, volunteers and agents (collectively "Auxiliary Organization") from any and all claims, including claims of the University's or Auxiliary Organization's negligence resulting in any physical or psychological injury (including paralysis and death), illness, property damage or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with participating in this Activity, which include but are not limited to cuts, scrapes, bruises, broken bones, pain, temporary or permanent disability (including paralysis), and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence or the condition of the Activity location(s). Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity.

I agree to hold the AWR, University or Auxiliary Organization harmless from any and all claims, including attorney's fees or damage to my personal property, that may occur as a result of my participation in this Activity. If the AWR, University or Auxiliary Organization incurs any of these types of expenses, I agree to reimburse AWR, the University or Auxiliary Organization.

In the event of bodily injury, I hereby give permission for authorized personnel to administer first aid and or contact emergency services necessary. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance. I also understand that athletes/contestants are required to report all injuries to the director immediately. Any injury unreported during the AWR must be reported to the contest director coordinator within 24 hours after the camp's conclusion.

I (we) also recognize that by entering in this competition I (we) am (are) assuming the risk involved with potential exposure to COVID-19. While the contest directors will uphold as many precautions as possible, I (we) understand that there is inherent risk with any activity that involves possible contact with other people.

IF 18 AND OVER:

I am 18 years or older. I understand the legal consequences of signing this document, including (a) releasing the AWR and the University or Auxiliary Organization from all liability, (b) promising not to sue the AWR, University or Auxiliary Organization, (c) and assuming all risks of participating in this Activity, including travel to, from and during 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. I have read this document, and I am signing it freely.

No other representations concerning the legal effect of this document have been made to me.

Participant Signature: _____

Participant Name (print): _____ Date: _____

IF UNDER 18:

I am the parent or legal guardian of the Participant. I understand the legal consequences of signing this document, including (a) releasing the AWR, University or Auxiliary Organization from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to, from and during the Activity. I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of the Participant as described in this document. I agree to be bound by the terms of this document. I have read this two-page document, and I am signing it freely. **No other representations concerning the legal effect of this document have been made to me.**

Minor Participant's Name (print): _____

Signature of Minor Participant's Parent/Guardian: _____

Name of Minor Participant's Parent/Guardian (print): _____

Date: _____