

ALL WEST REGIONAL CHAMPIONSHIPS (AWR)

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

Event: All West Regional Championships March 28–29, 2026 – San Diego City College

Participant Information: Name: _____ **Date of Birth:** _____

Release of Liability

In consideration for being allowed to participate in this Activity 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 ("AWR")**, the **San Diego Community College District, San Diego City College**, and their employees, officers, directors, volunteers, and agents (collectively "College") from any and all claims, including claims of negligence, resulting in physical or psychological injury (including paralysis and death), illness, property damage, or economic or emotional loss arising from my participation in this Activity, including travel to, from, and during the Activity.

I understand that participation involves inherent risks, including but not limited to cuts, scrapes, bruises, broken bones, pain, temporary or permanent disability, and/or death. These risks may arise from my own actions, the actions or inactions of others, or the condition of the Activity location(s). I voluntarily assume all such risks, known and unknown.

I agree to hold AWR and the College harmless from any and all claims, including attorney's fees or damage to personal property, that may occur as a result of my participation. If AWR or the College incurs such expenses, I agree to reimburse them.

In the event of bodily injury, I authorize qualified personnel to administer first aid and/or contact emergency services. I agree to be financially responsible for any medical treatment required. I understand that I should carry my own health insurance. I further understand that all injuries must be reported to the director immediately, or within 24 hours of the event's conclusion.

I acknowledge the inherent risk of potential exposure to **COVID-19**, and understand that despite reasonable precautions, such risk cannot be eliminated.

IF 18 AND OVER

I am 18 years or older. I understand the legal consequences of signing this document, including:

- (a) releasing AWR and the College from all liability,
- (b) promising not to sue AWR or the College, and
- (c) assuming all risks of participation, including travel.

I understand this document is intended to be as broad and inclusive as permitted by California law. If any portion is held invalid, the remainder shall continue in full force. I have read this document and sign it freely.

Participant Signature: _____

Participant Name (Print): _____

Date: _____

IF UNDER 18 (Parent/Guardian)

I am the parent or legal guardian of the Participant. I understand the legal consequences of signing this document, including:

- (a) releasing AWR and the College from all liability on my and the Participant's behalf,
- (b) promising not to sue on my and the Participant's behalf, and
- (c) assuming all risks of the Participant's participation, including travel.

I allow the Participant to participate and accept responsibility for their actions and obligations as described. I have read this document and sign it freely.

Minor Participant's Name (Print): _____

Parent/Guardian Signature: _____

Parent/Guardian Name (Print): _____

Date: _____