INSTRUCTIONS FOR COMPLETING REGISTRATION

1. Print out the Waiver of Liability, Medical Release Form, outdoor excursions waiver of liability, and Participant Information Sheet attached to this document.

2. Fill out the forms completely with necessary information and signatures:

3. Return the (4) Mandatory Forms to the EAOP office no later than Friday, June 30th, 2017

**Via Mail or Drop Off:**
Early Academic Outreach Program
1228 Student Services Building
00 University Ave
Riverside, CA 92521

**Via Fax**
(951) 827-4762

**Via Scan & Email**
eaop@ucr.edu
Waiver: In consideration of being permitted to participate in any way in General Services for the Early Academic Outreach Program until completion of high school (Academic Advising, Tutoring, Campus Tours, Specialized Workshops) hereinafter called "The Activity", I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue The Regents of the University of California, its officers, employees, and agents from liability from any and all claims including the negligence of The Regents of the University of California, its officers, employees and agents, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in The Activity.

Assumption of Risks: Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in The Activity. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney’s fees brought as a result of my involvement in The Activity and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Signature of Parent/Guardian of Minor       Date       Signature of Participant       Date

Participant's Age (if minor) _____ Vol Waiver 7/01
RELEASE FOR EMERGENCY MEDICAL TREATMENT AND MEDICATION AUTHORIZATION
(PLEASE PRINT)

Student Name:__________________________________________________________

Name of School he/she attends:__________________________________________Grade________________

Parent’s/Guardian’s Name:________________________________________________

Home Phone: (             )______________________________________________

Work/Emergency Phone: (      )__________________________________________

Insurance Company:____________________________________________________

Policy Number:________________________________________________________

The program provides an excess Accident insurance policy for each participant. The coverage payable under the University’s policy is in excess of any other valid and collectible medical insurance that is in force on a participant.

I do   I do not   permit my child to be given aspirin or Tylenol when necessary.
(Please check one)

I authorize the use of the following medication(s): ____________________________

_______________________________________________________________________
_______________________________________________________________________

Please list under what condition medication is to be taken and instructions for its use:

_______________________________________________________________________

_______________________________________________________________________

Print Parent/Guardian Name _______________________________ Date __________________________

Parent/Guardian Signature ____________________________________________
Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in Outdoor Excursions Low Ropes activity (hereinafter known as “Team Excursions”), on 7/31/2017 through 8/3/2017, I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue The Regents of the University of California, its officers, employees, and agents from liability from any and all claims including the negligence of The Regents of the University of California, its officers, employees and agents, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in Team Excursions activities.

_____________________________  ______________________________
Signature of Parent/Guardian of Minor   Date  Signature of Participant  Date

Assumption of Risks: Participation in Outdoor Excursions activities carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in the activities made possible by Outdoor Excursions. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney’s fees brought as a result of my involvement in Outdoor Excursions activities and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

_____________________________  ______________________________
Signature of Parent/Guardian of Minor   Date  Signature of Participant  Date

Participant’s Age (if minor) __________
Elec Vol 5/01
Challenge Course – Participant Information

Participant Name: ____________________________________  Date: ___________________________
Address: ____________________________________________ City: ____________________________
Home Phone: ____________________________  Work Phone: ________________________________
E-mail: _____________________________________________  Date of Birth: __________________

CONFIDENTIAL HEALTH INFORMATION
All items must be completed. If not, the person above will not be permitted to participate.
List allergies, if any: (i.e. bug bites, drugs, food, etc. Note: counteractive medications should be carried at all times.)
Circle one:    NONE    YES
__________________________________________________________________________________________
__________________________________________________________________________________________

Medication(s):
Circle one:    NONE    YES
__________________________________________________________________________________________
__________________________________________________________________________________________

List any serious illness or injury experienced within the past 3 years:
Circle one:    NONE    YES
__________________________________________________________________________________________
__________________________________________________________________________________________

List any current medical conditions: (i.e. Asthma, Diabetes, Epilepsy, heart conditions, etc.)
Circle one:    NONE    YES
__________________________________________________________________________________________
__________________________________________________________________________________________

List all conditions that may affect ability to participate: (i.e. history of cardiac conditions in the family, etc.)
Circle one:    NONE    YES
__________________________________________________________________________________________
__________________________________________________________________________________________

Do you have any conditions or limitations for which you are currently under doctor’s care?
Circle one:    NONE    YES
__________________________________________________________________________________________
__________________________________________________________________________________________

EMERGENCY CONTACT

1. Name: ______________________________________  Relationship: ______________________
   Home Phone: __________________________  Work Phone: ____________________________
2. Name: ______________________________________  Relationship: ______________________
   Home Phone: __________________________  Work Phone: ____________________________

Do you carry medical insurance?  Yes ___ No ___ Group Number: ______________________________
Provider: ____________________________________________________________________________