



### **UNIVERSITY OF CALIFORNIA SANTA BARBARA WAIVER**

I understand and acknowledge that this Activity is voluntary and is not a mandatory part of any University of California Santa Barbara program. I understand and acknowledge that the above referenced Activity and any related activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate in such activities. I also realize that the Activity may be strenuous, and that I have the option to seek the advice of a physician before I participate in this Activity. I understand and acknowledge that some of the injuries/illnesses which may result from participating in this Activity include, but are not limited to, the following:

- 1.) Drowning
- 2.) Head and/or back injuries
- 3.) Chemical Exposure
- 4.) Sprains
- 5.) Paralysis
- 6.) Loss of eyesight
- 7.) Fractured Bones
- 8.) Activity related/injury
- 9.) Communicable diseases
- 10.) Unconsciousness
- 11.) Respiratory illness
- 12.) Death

The above list is not intended to be inclusive of all injuries that may occur, but rather to inform me of the types of risks inherent in my participation in the above Activity, so that I can make a voluntary choice to participate or not participate. In the event of accident or illness, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. Further, I agree



that the District and its personnel are not legally or financially responsible or liable for any claim arising from any consent given in good faith in connection with diagnosis or advised treatment.

I hereby voluntarily waive any claims against the District for injury, accident, illness or death occurring during or by reason of this activity(ies). I voluntarily elect to participate in this Activity. I agree to assume any and all liability and responsibility for any and all potential risks which may be associated with participation in such Activity or any activities incidental thereto. I hereby voluntarily exempt and relieve, on behalf of myself and my heirs, executors, administrators and assigns, the University of California Santa Barbara, its officers, agents, servants, or employees from any liability or responsibility for any property damage, personal injury, bodily injury, or wrongful death that I might sustain which is incident to and/or associated with preparing for and/or while participating in any activity in any way connected with said Activity, including travel to and from Activity locations, whether same shall arise by the negligence of any of said persons, or otherwise.

I acknowledge that I have carefully read and understand this Voluntary Participation Waiver, Release of Liability and Medical Treatment Authorization and that I agree to its terms and conditions.