

UCSD RECREATION PROGRAM REGISTRATION
recreation.ucsd.edu



PARTICIPANT INFORMATION

NAME *or Parent/Guardian*

First _____ M.I. _____ Last _____

***CHILD PARTICIPANT NAME** *Include parent or legal guardian name above - one child per Registration Form and Waiver*

First _____ M.I. _____ Last _____

Child's Date of Birth _____

ADDRESS Street/ _____ Apt# _____

City _____ State/ _____ Zip _____

Home Phone(_____) _____ **Alternate Phone**(_____) _____

Campus Mail Code _____ Email _____

Emergency Contact _____ Relationship _____ Emergency phone _____

AFFILIATION

UCSD Student Student ID# _____

Rec Card Holder Rec Card ID # _____ /Exp. Date/ _____

Not a current UCSD student or Rec Card holder

PROGRAM INFORMATION *Waiver of Liability (on opposite side) must be completed and submitted at time of registration*

Program #	Program (1st choice)	Days	Dates	Time	Price	Office Use
Program #	Program (2nd, 3rd choice)	Days	Dates	Time	Price	Office Use
TOTAL						

PAYMENT METHOD (cash, checks)

Payment in full must accompany registration. Please do not send cash with mailed registrations.

Refund policy: See page 69 for Rec Class policies and page 26 for Outdoor Adventures policies.

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| <ul style="list-style-type: none"> ● Prices vary. Please ensure correct amount is submitted.
Rec Cards must be renewed for quarter in which class is held.
Renewals must be received before sign-up is processed at lower price.
Call (858) 534-4037 for more information. ● Make checks payable to UC Regents. Make a separate check for each activity. ● Enrollment confirmation will be sent via U.S. Mail. ● Notification of full or cancelled classes will be sent by U.S. Mail.
We reserve the right to refuse service to any person, company, agency, or organization. | <ul style="list-style-type: none"> ● Register by returning form: <ul style="list-style-type: none"> ■ In person to RIMAC Sales Desk
(Outback registrations to RIMAC or Outback) ■ Mail, via Campus Mail, to UCSD Recreation-0529
(Outback registrations to UCSD Recreation-0004) ■ Mail via U.S. Postal Service to:
UCSD Recreation, 0529
9500 Gilman Drive
La Jolla, CA 92093-0529
(Outback registrations to UCSD Recreation-0004) |
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OFFICE USE ONLY Member Number _____
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Participant's Name (Please Print) _____ Member Number _____
 Last First

UNIVERSITY OF CALIFORNIA, SAN DIEGO
 Activities & Programs
Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in activities indicated on the reverse side of this form, hereinafter called "Activities & Programs", 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 Activities.

Signature of Participant	Date	Signature of Parent/Guardian of Minor	Date
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Assumption of Risks: Participation in "Activities & Programs", carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one Activities 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 Activities. 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 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 Participant	Date	Signature of Parent/Guardian of Minor	Date
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Participant's Age (if minor): _____

Any questions regarding this waiver should be directed to UCSD Risk Management (858) 534-3820