

ACTIVITY REGISTRATION

ACTIVITY INFORMATION: (Please Print Legibly)

Use this form to register in Campus Recreation Instruction Classes (Martial Arts, Sailing, Outdoor, Rock Climbing, Fencing, Surf, Scuba, and Gymnastics) and Sport Clubs. Be sure to fill out form completely. Checks should be payable to UC REGENTS.

CLASS/CLUB	DAY	TIME	FEE
Anteater Adventure 2017	9/17-9/20	Starting at 10am	\$325

PARTICIPANT INFORMATION:

Name: _____ Male Female (circle one)
(First Name) (Last Name)

Student/Staff ID#: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Emergency Contact Information: Name _____ Phone Number _____

Affiliation: Undergraduate Student Graduate Student Faculty Staff Alumni Other: _____

How did you find out about Campus Recreation programs? (Circle One)

Campus Recreation Brochure Anteater Weekly UCI Brief Campus Recreation Website Word of Mouth Flyers Other

FOR OFFICE USE ONLY

Fee: _____ Cash Check # _____ Visa MasterCard Payroll Deduction

Clerk: _____ Date: _____ Acct#: _____ Exp Date: _____

SIGN WAIVER ON REVERSE SIDE

**Outdoor Adventures
Medical Consent Form**

I (we), the undersigned parent(s), or legal guardian of (Name of Child) _____, do hereby request that he/she be permitted to attend the UC Irvine Campus Recreation Outdoor Adventure Programs and should the need arise, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis and treatment rendered under the supervision of a licensed physician. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power to render care which the licensed physician in the exercise of his/her best judgment may deem advisable.

It is understood that, if possible, effort shall be made to contact the undersigned prior to rendering treatment but that any of the above treatments will not be withheld if the undersigned cannot be reached in a timely manner. I (we) will not hold liable the Regents of the University of California, its officers, employees, or agents for medical aid or first aid rendered and will be solely responsible for all medical or other expenses incurred in the care of my child.

I authorize release of information on this form to any licensed physician, hospital or medical staff member involved in the treatment or care of my child.

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

Medical Information:

Emergency Contact _____ Phone _____

Current Medications _____

Pertinent Medical History _____

Allergies _____

Insurance Information (Required)

Insurance Company _____

Policy Holder Name _____

Policy Number _____

Parent/Guardian Release

I am the parent or legal guardian of _____ and I have read and understood and agree to the terms and conditions of this application and I am signing this release on behalf of said minor.

Parent/Guardian Signature: _____ Date: _____

CAMPER PICK UP AUTHORIZATION *(Please list those authorized other than Parent/Guardian listed above)*

Parent/Guardian Authorization Signature _____

1. _____ Phone _____

2. _____ Phone _____

PARTICIPANT RELEASE AUTHORIZATION (CHILDREN 12 AND OVER)

I Request UC Irvine Campus Recreation to allow my child to release him/herself at the end of camp.

Parent/Guardian Authorization Signature _____

University of California, Irvine
Campus Recreation
Consent to Photograph

I authorize the University of California, Irvine (UC Irvine) to capture the name, likeness, identity, voice, photographic image, videographic image and oral or recorded statements, or to permit others to do so, of _____ (Name of Individual) for use by UCI Campus Recreation and the Anteater Recreation Center in printed or electronic marketing and promotional materials, including the UCI Campus Recreation website and social media.

I waive and release the University of California and its officers, agents and employees, from any claim or liability relating to the use of my name, likeness, identity, voice, photographic image, videographic image and oral or recorded statements.

I acknowledge that the University of California will rely on this consent and release in producing, broadcasting, and distributing materials containing my name, likeness, identity, voice, photographic image, videographic image or oral or recorded statements, and that I will receive no money or remuneration of any kind from the University of California related to this consent and release or the materials covered by this consent and release.

I am an adult, 18 years or older, and I have read and understand this agreement and I freely and knowingly give my consent to the University of California as described herein.

Signature of Individual (or of parent or guardian if individual is a minor)

Relationship (if other than individual)

Date

*Authorization required for group photo

Participant's Name: _____

Please Print

UNIVERSITY OF CALIFORNIA, IRVINE
Campus Recreation and Anteater Recreation Center - **Outdoor Adventures**

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in **Campus Recreation or Outdoor Adventures Programs. Including but not limited to the UCI Summer Session Special Programs: Anteater Adventure at the San Clemente Campground and consisting of camping, hiking, rock climbing, kayaking and related outdoor activities from Sept 17 – 20, 2017,** 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.

Signature of Parent/Guardian of Minor Date

Signature of Participant

Date

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 to 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
Participant's Age (if minor) _____

Signature of Participant

Date

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