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.

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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
UNIVERSITY OF CALIFORNIA, IRVINE

Campus Recreation and Anteater Recreation Center Programs & Memberships

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in Campus Recreation or Anteater Recreation Center Programs. Including but not limited to Activity Classes, Club Sports, Intramural Sports, Sailing Programs, Rock Climbing Wall, Cooking Classes, Outdoor Adventures, Fitness Testing, Special Events, or Drop-in Activities, 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                          Signature of Participant   Date

Participants Age (if minor) _________  

Vol waiver 2/09
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 Freshmen Outdoor Adventure Experience 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: _________________

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

Parent/Guardian Authorization Signature: __________________________________________
1. __________________________________________________________ Phone __________________
2. __________________________________________________________ Phone __________________