San Diego State University
Aztec Scholars Initiative

**Warning, Waiver, and Release of Liability**

**DATE:** Friday, March 18, 2016 and Saturday, March 19, 2016

I understand that participation in Harambee Weekend will take place at San Diego State University.

I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which may have, or which hereafter accrue to me, against San Diego State University (the University) as a result of my participation in the event. This release is intended to discharge the University, its trustees, officers, employees and volunteers, and any public agencies from and against any and all liability arising out of or connected in any way with my participation in the event. I further understand that accidents and injuries can arise out of the event which may cause personal injury; knowing the risks, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all of the persons or agencies mentioned above who might otherwise be liable to me (or my heirs or assigns) for damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. It is the intention of the parties hereto that the provisions of this paragraph be interpreted to impose on each party responsibility for their own negligence.

I acknowledge that I have been fully informed of the risks and dangers involved in these events.

I acknowledge that I have read and fully understand the above Warning, Waiver and Release of Liability.

I further acknowledge that the reasons for my being requested to sign this Release have been fully explained to me and that I understand them.

I understand that Harambee Weekend is a substance free weekend. Students who violate this policy will be sent home at their own expense and sanctions may be imposed.

**I am signing this Release on my own free will and I have not been influenced or coerced by any representative or employee of the state.**

Students under the age of 18 must have parent or guardian sign document.

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<th>Print Student Name</th>
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<tr>
<th>Student Signature</th>
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<th>Parent/Guardian Name</th>
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Emergency Contact Information

Full Legal Name__________________________Red ID Number ________________________________

Local Address __________________________City, State Zip: ________________________________

Cell Phone Number: _______________ Email Address ________________________________

Emergency Contact #1 (Required):
Relationship to you: _____________________ Name: ______________________________________
Address _________________________________ City, State Zip: ________________________________
Phone: _________________________________ Alternate Phone: ______________________________

Emergency Contact #2 (Optional):
Relationship to you: _____________________ Name: ______________________________________
Address _________________________________ City, State Zip: ________________________________
Phone: _________________________________ Alternate Phone: ______________________________

Health Insurance Provider ______________________________________________________________
Policy or Medical Record Number ______________________________________________________

Indicate any important medical information (medications you are allergic to, medical conditions, etc.)
____________________________________________________________________________________
____________________________________________________________________________________
San Diego State University
Residential Education Office
Harambee Overnight Stay Program Participant
March 18, 2016-March 19, 2016

NOTE: PLEASE PRINT PRIOR TO ATTENDING (BRING SIGNED)

As an Overnight Stay Program Guest you are required and expected to:

✓ Remain with your host or another host (with your host being aware of this) at all times during the program.
✓ Stay on campus at all times during the program.
✓ Follow all Residence Hall Rules and State of California Laws- This includes refraining from the use of alcohol and other drugs during your stay.
✓ Visit only the floors that are occupied with guests in the building to which you are assigned.

By signing below you agree with the terms of the Overnight Stay Program.

Student Name (printed): _________________________________________________

Student Signature: _____________________________________________________

Student Red ID #: _______________________________________________________

Student Cell Phone Number: _____________________________________________

Email Address: _________________________________________________________

Emergency Contact Name Printed: _________________________________________

Emergency Contact Phone Number: _________________________________________

If student is younger than 18 years of age:

Parent/Guardian Name (printed): _________________________________________

Parent/Guardian Signature: _______________________________________________

For Office Use Only

Harambee Mentor Assigned: ______________________________________________

Room/Floor Assigned: _____________________________

Harambee Mentor Phone Number: _________________________________________