Warning, Waiver, and Release of Liability

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

I understand that participation in Howka 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 Howka 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.

__________________________________________________________________________  ______________________________________________________________________
Print Student Name                                                                                             Red ID
__________________________________________________________________________  ______________________________________________________________________
Student Signature                                                                                               Date
__________________________________________________________________________  ______________________________________________________________________
Parent/Guardian Name                                                                                           Parent/Guardian Signature
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.)

__________________________________________________________________________________

__________________________________________________________________________________
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

Howka Mentor Assigned: ____________________________________________________

Room/Floor Assigned: ________________________________________________________

Howka Mentor Phone Number: _______________________________________________