

*UNIVERSITY OF CALIFORNIA, LOS ANGELES  
UCLA FOOTBALL  
UNITED SPIRIT ASSOCIATION HALFTIME PERFORMANCE*

**Waiver of Liability, Assumption of Risk, and Indemnity Agreement**

**Waiver:** In consideration of being permitted to participate in any way in UCLA Football Halftime Shows, 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 illness (including death), and property loss arising from, but not limited to participation in UCLA Football Halftime Shows.

X

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**Signature of Parent/ Guardian on Minor**

**Date**

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**Name of Minor (Print)**

**Date of Birth**

**Assumption of Risks:** Participation in the UCLA Football Halftime Show 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 while participating in this activity area. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.**

**Indemnification:** 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 UCLA Football Halftime Show and to reimburse them for any such expenses incurred.

**Severability:** The undersigned further expressly agree that the forgoing 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 found in valid, it is agrees that the balance shall, notwithstanding, continue in full legal force and effect.

**Acknowledgement 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.

X

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**Signature of Participant**

**Date**

**RELEASE AUTHORIZATION FOR EMERGENCY TREATMENT**

I understand that I am required to and verify that I do maintain and carry accident medical insurance coverage for the child listed on this application.

In the case of an emergency, and I cannot be reached. I authorize the staff of the UCLA Department of Intercollegiate Athletics to obtain whatever medical treatment he/she deems necessary for the welfare of my child listed on this application. I further understand that I will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment, regardless of whether or not my medical insurance would cover such charges and fees.

**I am the parent/guardian of the minor \_\_\_\_\_ and I am signing this Release on behalf of said minor.**

**X**

**Signature of Parent/Guardian of Minor**

**Date**

(       )       -

**Cell Phone Number in Case of Emergency**

\*WAIVER IS NOT COMPLETE UNLESS ALL THREE (3) SIGNATURES ARE PRESENT. ONLY ONE CHILD PER WAIVER. SIBLINGS REQUIRE A SEPARATE WAIVER. NO ONE CAN PARTICIPATE WITHOUT SIGNED WAIVER.