Warning, Waiver, and Release of Liability

DATE: Friday, March 22, 2019 and Saturday, March 23, 2019

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: ___________________________________________