Activity: Recreation and Wellness Virtual 5k Turkey Trot

Dates of Activity: Monday, Nov 23 - Sunday, Nov 29

Activity Location/Facility: All locations where activity will be held, including but not limited to virtual locations.

I understand the following:

- I am voluntarily participating in this activity(s) and am aware of the risks in participating in the activity(s) that includes but is not limited to: injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis) economic or emotional loss, and/or death.
- It is my responsibility to create a safe space for the activities and that I assume all responsibility for the quality of the equipment I choose to use.
- I assume all related risks, both known or unknown to me, of my participation in the activity(s).

I agree to the following:

- I agree that I am solely responsible for determining if I am physically fit for the activity(s).
- To follow all social distancing guidelines recommended by the CDC and the County where the activity(s) are taking place, if applicable.
- I have been informed and understand there remains a risk of exposure to COVID-19. I understand that regardless of any precautions taken, an inherent risk of exposure to COVID-19 will exist.
- To waive and release all claims against the State of California, California State University Trustees, California State University East Bay, its auxiliary organizations, and the officers, directors, employees and agents hereinafter referred to as the “State” for personal injury and property loss or damage that I may sustain while participating in or in associating with the activity(s) and hold harmless and discharge the State from all liability.

I am 18 years or older. I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms. I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.
Participant Signature: ________________________________

Participant Name (print): ________________________________ Date: ____________

Emergency Contact Name:______________________________ Phone #_______________

If Participant is under 18 years of age:
I am the parent or legal guardian of the Participant. I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant’s behalf, (b) promising not to sue the University on my and the Participant’s behalf, (c) and assuming all risks of the Participant’s participation in this Activity, including travel to, from and during the Activity. I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Signature of Minor Participant’s Parent/Guardian: ________________________________

Name of Minor Participant’s Parent/Guardian (print): ________________________________ Date: _____