University of Southern California Office of Student Activities

Waiver, Release and Indemnity Agreement

For and in consideration of permitting (1)activities and/or retreats/conferences described as Events Offer University of Southern California, in the city of Los Angeles, California, beginning on the15 day ofAugust, 20_RELEASES, DISCHARGES, WAIVES and RELINQUISHES personal injury, property damage or wrongful death occurring to receiving instructions in said activity or any activities incide may occur and for whatever period said activities or instruction him/her heirs., executors, administrators and assigns hereby RERELINQUISHES any action or causes of action, aforesaid, whis/her estate, and agrees that under no circumstances will he/s and assigns prosecute, present any claim for personal injury, property University Of Southern California or any of any of said causes of action, whether the same shall rise by negging the Internation of (1) BY TO ASSUME ALL RISK OF SUCH PERSONAL INJURY, DEATHIM/HERSELF, TO THE EXCLUSION OF USC AND TO EXCLUSION OF USC AND TO EXCLUSION OF USC AND TO EXCLUSION OF SOUTHERN CALIFORNIA FROM LIABLE PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED	The County of Los Angeles, and the State of Los Angeles, and the State of Los Angeles, and the State of Los Los Angeles, and the State of Los Los Angeles, and the State of Los
The undersigned, for him/herself, his/her heirs, executor event any claim for personal injury, property damage or wrong UNIVERSITY OF SOUTHERN CALIFORNIA arising from and save harmless the same (2) UNIVERSITY OF SOUTHER causes of action by whomever or wherever made or presented the wrongful death.	ful death shall be prosecuted against (2) THE our related to him/her, he/she shall indemnify N CALIFORNIA from and all claims or
The undersigned acknowledges the he/she has read the completely advised of the potential dangers incidental to engag_USC Residential Education_ and is fully aware of the legal of	ging in the activity and/or retreat/conference of
CIRICLE ONE: UNDERGRADUATE GRADUATE OTHER	FACULTY STAFF GUEST/VISITOR
NAME HOME PHONE	CAMPUS PHONE
ADDRESS USC ID #	
CITYSTATEZIP	
MEDICAL & HEALTH INSURANCE NAME	POLICY NO
WITNESSSIGNATURE_	
DATED	Signature of Depart on Creation
	Signature of Parent or Guardian (Where applicable)