



CHINESE SUMMER PROGRAM

中·文·夏·令·营

CONFUCIUS INSTITUTE AT SDSU 2016 CHINESE SUMMER CAMP WARNING, WAIVER AND RELEASE OF LIABILITY

I, _____, (print parent's name) understand that _____ (print participant's name)'s participation in the **2016 CHINESE SUMMER CAMP PROGRAM** from July 25-29 and August 1-5, 2016 will require participating 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 Confucius Institute at SDSU, SDSU and their officers, agents, or employees as a result of my participation in the event. This release is intended to discharge the University, its trustees, officers, employees and volunteers, 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 potential 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 am signing this Release on my own free will and I have not been influenced or been coerced by any representative or employee of San Diego State University or the Confucius Institute.

Must sign in blue or black ink

^Printed Name of Participant	^Printed Name of Parent or Guardian
^ Signature of Parent or Guardian (if participant is under 18)	^ Date
^ (Contact in Case of Emergency)Name/Telephone Number	^ Relation to student(s)