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 <u>USC Pully University</u> of Southern California, in the city of Los Angel California, beginning on the <u>22</u> day of <u>June 2017</u> the unconferences described as <u>USC Pully University</u> of Southern California, in the city of Los Angel California, beginning on the <u>22</u> day of <u>June 2017</u> the unconference conference in the city of Los Angel California, beginning on the <u>22</u> day of <u>June 2017</u> the unconference conference	es, County of Los Angeles, and the State of dersigned hereby voluntarily RELEASES, all actions or causes of action for personal injury, if arising as a result of engaging or receiving eto wherever or however the same may occur and inue, and the undersigned does for him/her heirs., DISCHARGES, WAIVES and RELINQUISHES feer arise for him/herself and his/her estate, and eirs, executors, administrators and assigns damage, or wrongful death against, (2) THE its officers, agents servants or employees for any digence of any said persons, or otherwise. IT IS THIS INSTRUMENT, TO EXPRESSLY DEATH, OR PROPERTY DAMAGE UPON O EXEMPT AND RELIEVE (2) THE IABILITY FOR PERSONAL INJURY,
The undersigned, for him/herself, his/her heirs, executors, administrators or assigns agrees that in the event any claim for personal injury, property damage or wrongful death shall be prosecuted against (2) THE UNIVERSITY OF SOUTHERN CALIFORNIA arising from our related to him/her, he/she shall indemnify and save harmless the same (2) UNIVERSITY OF SOUTHERN CALIFORNIA from and all claims or causes of action by whomever or wherever made or presented for personal injuries, property damage or wrongful death.	
The undersigned acknowledges the he/she has read completely advised of the potential dangers incidental to e <u>USC Public Service Weekend</u> and is fully aware of the leg	ngaging in the activity and/or retreat/conference of
CIRICLE ONE: UNDERGRADUATE GRADUATE OTHER	FACULTY STAFF GUEST/VISITOR
NAME HOME PHONE_	CAMPUS PHONE
ADDRESS USC 1	D#
CITYSTATEZI	P
MEDICAL & HEALTH INSURANCE NAME	POLICY NO
WITNESSSIGNATUR	E
DATED	G. C. C. I.
	Signature of Parent or Guardian (Where applicable)