

Diving/Boating Release and Waiver

1.	Date(s) of proposed activ	ity			
2.	Legal Name				
3.	Local Address			zip	
4.	Email Address				
5.	Faculty/Staff	Grad	Undergrad	Non-SDSU	
6.	Emergency Contact Inform	mation:			
	Name	Relationship			
	Phones: H	Cel		W	
	Address			zip	

7. Release and Waiver

The undersigned, and, in the event the undersigned is under 18 year s of age, the undersigned's parents and/or guardians, for and in consideration of granting permission by the Trustees of the State University and Colleges System, a California Corporation, for said to participate in any way in the following activity

under the auspices of San Diego State University, herby hold(s) harmless and release(s) and forever discharge(s) the Trustees of the State University and Colleges System, the Diving Control Board, the Diving and Boating Officer, employees in the diving and boating programs, boat operators, diving buddies, and all the Trustees agent's, officers, assistants, and employees either in their individual capacities or by reason of their relationship to the said Trustees of the State University and Colleges System and their successors, from any and all claims and demands whatsoever, which the undersigned and any of them, and their heirs, representatives, executors, and administers thereof, or any other persons acting on their behalf, or on the behalf of the State University and Colleges System, or any or all of the abovementioned persons or their successors, by reason of any accidents, illness, injury or death, or other consequences arising or resulting directly or indirectly from participation in boating activities under the auspices of the State University and Colleges, and occurring during said participation, or at any time subsequent thereto.

I hereby declare that I am of legal age and am competent to sign this Agreement or, if not, that my parent or legal guardian shall sign on my behalf, and that my parent or legal guardian is in complete understanding and concurrence with this agreement.

Signature	Date
Signature of Parent or legal guardian if participant is a minor.	
Signature	Date
Signature of witness, who is not a minor.	
Signature	Date