



Department of Recreation, Parks and Tourism  
College of Health and Human Services  
1600 Holloway Avenue  
San Francisco, CA 94132  
(415) 338-2030 FAX: (415) 338-0543

## **Release and Hold-Harmless Statement** San Francisco State Summer Youth Sailing and Kayaking Program

There are significant elements of risk in any sport or recreational activity associated with the use, or presence of sailboats and kayaks, and the use of any related equipment (referred to herein as "Activity"), including but not limited to, injury and death, including injury from sailboat or kayak, or equipment breakage, failure, or misuse, crew error, participant error, collision, grounding, sinking, weather or water conditions, falling or being ejected into the water, and negligent rescue operations. I acknowledge that engaging in this Activity may require of my son, daughter or child for whom I am guardian, a degree of skill and knowledge different than other activities, and that I have responsibilities as a participant and as their parent or guardian.

Although San Francisco State University (SFSU) has taken reasonable steps to provide appropriate equipment and instruction so that your child can enjoy this Activity for which your child may not be skilled, this Activity is not without inherent risks, which cannot be eliminated without destroying the unique character of this Activity. These inherent risks, whether known or unanticipated, can be the cause of loss or damage to my equipment, or accidental injury, illness, or, in extreme cases, permanent trauma or death. I voluntarily and freely agree to incur and assume all such inherent risks and dangers, including the risk of injury or death that might be associated with or result from my son or daughter participation in this Activity.

In light of the above information, I, the undersigned participant, parent or guardian, am requesting voluntary participation in the San Francisco State Summer Youth Sailing and Kayaking Program. I have obtained appropriate medical health insurance that will provide for medical treatment in case of accident, illness, or injury for the duration of the stated activity. Furthermore, I will to use my personal medical insurance as a primary medical coverage payment if accident or injury occurs and consent to emergency medical treatment.

I will comply with all University and California State University (CSU) rules, standards and instructions given to me for the duration of the program and understand that any violation of the University or CSU standards of conduct could lead to sanctions being imposed on me that include but are not limited to suspension or expulsion from the program without possibility of financial refund. If I choose to terminate my participation in the Activity prematurely, or elect to deviate from the scheduled group activities, I assume all risks inherent in my decision. I understand that I am responsible for any costs incurred for my voluntary or involuntary removal from the program.

