

Adventure Welcome Experience (AWE) 2018 – First-Year Students

Student's Full Name _____ Shirt Size – circle one: S M L XL XXL

Email Address _____

Wireless Phone _____ Home/Other Phone _____

Mailing Address _____

Emergency Contact Name _____ Emergency Contact Number _____

Trip signing up for (circle one) Yosemite National Park Backpacking, September 11-14 2018

Big Sur Camp and Explore, September 11-14, 2018

Are you interested in attending the other trip if 1st choice is full? YES NO **Registration deadline: 9/5/18**

Scholarship Request*

Would you like a Full Scholarship? YES NO

If Full Scholarships are not available would you like a Partial Scholarship? YES NO

If scholarships are not available will you pay to register? YES NO

You will be notified if you receive a scholarship. If you do not receive a scholarship and would still like to attend you will be notified to send payment.

***Scholarships are based on need and are limited - You must send a copy of you SAR (Student Aid Report) with registration form to be considered for a scholarship.**

What do you hope to gain from you participation in AWE (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Learn about the outdoors | <input type="checkbox"/> To develop outdoors skills |
| <input type="checkbox"/> To meet other students | <input type="checkbox"/> To help prepare for college |
| <input type="checkbox"/> To start college experience in a unique way | <input type="checkbox"/> To have fun |
| <input type="checkbox"/> To develop leadership skills | <input type="checkbox"/> Other _____ |

How did you hear about the AWE program (check all that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> Email | <input type="checkbox"/> Facebook | <input type="checkbox"/> Rec Well Instagram |
| <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Orientation Session | <input type="checkbox"/> RecWell Website |
| <input type="checkbox"/> Other _____ | | |

Dietary preferences (P) or restrictions (R) - circle P for preference or R for restriction:

Vegetarian P R Vegan P R Lactose Free P R Gluten Free P R

List and nut or food allergies _____

Do you require special accommodations or have any physical limitations that might limit your participation?

Circle one: YES NO

If yes please specify: _____

Individuals with disabilities, please contact Mark Oswood at moswood@csusb.edu to discuss your limitations and special accommodations prior to registering for AWE.

Terms of Agreement – Please initial by each term, and sign/date below:

- ___ Photo Release: I grant full permission for/to CSUSB Recreation and Wellness to use photographs, videos, and other types if recordings of me in advertising and promotional materials
- ___ Cancellation and Refund: To cancel your participation, you must contact moswood@csusb.edu. Failure to contact CSUSB Recreation & Wellness at least 72 hours in advance will result in a 100% loss of fees or a fee equal to the trip's value. 72 hours to 7 days will result in a 25% cancellation. Cancellations more than 7 days will result in a full transfer of fees or a refund minus a \$10 processing fee.
- ___ Trip Minimum Numbers: If a trip does not reach minimum numbers required Recreation and Wellness reserves the right to cancel/ If this happens you can choose to join another trip or receiver a full refund.
- ___ Participants are expected to fully participate as able in all activities and adhere to Adventure Program policies, guidelines, practices, and other requirements of the trip.
- ___ Participants are expected to assist with group task such as loading/unloading, cooking, etc.
- ___ Participants assume all the potential rick of the trip and be responsible for their own actions.

Participant Signature _____ Date: _____

Please mail the following to Recreation and Wellness no later than August 21, 2018. Space is limited and spots are filled on a first come, first serve basis.

**Address: CSUSB Recreation & Wellness - AWE
5500 University Parkway
San Bernardino, CA 92407**

Be sure to include:

- Completed Application (2 pages)
- Copy of SAR if requesting scholarship
- Payment \$175 (check or money order)
- Completed Waiver/Release

Name: _____ DOB: _____

**CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO RECREATION AND WELLNESS
ASSUMPTION OF RISK, WAIVER, AND RELEASE FROM LIABILITY**

In consideration of the use of the property, facilities, and/or services of the California State University, San Bernardino Recreation and Wellness (CSUSB Recreation and Wellness) or any AUXILIARY ORGANIZATIONS as defined pursuant to California Education Code §89901 (Auxiliaries) participating or sponsoring recreation and wellness programs, including any travel related thereto, the undersigned agrees as follows:

1. RISK FACTORS. The undersigned understands and acknowledges that the use of equipment, facilities and services provided by CSUSB Recreation and Wellness programs (intramural sports, sport clubs, physical sports, weight and cardiovascular training, climbing, dance, aerobics, outdoor trips, swimming, and any other programs and services sponsored by CSUSB Recreation and Wellness or its associated Auxiliaries involves risks such as, but not limited to, the following which might result from the use of the equipment or facilities, from the activity itself, from the acts of others, or from the unavailability of emergency medical care: **RISK OF PROPERTY DAMAGE, BODILY INJURY, AND POSSIBLE DEATH.**

2. ASSUMPTION OF THE RISK. The undersigned **ASSUMES ALL RISKS THAT ARISE OUT OF THE USE OF THE PROPERTY, EQUIPMENT, SERVICES, OR FACILITIES, THE ACTIVITY ITSELF, THE ACT OF OTHERS, OR THE UNAVAILABILITY OF EMERGENCY CARE,** including but not limited to, those **RISK FACTORS** described in section 1 above.

3. ACKNOWLEDGEMENT OF POLICIES AND PROCEDURES. The undersigned acknowledges reading and knowing all of the policies and procedures relating to the activities, facilities and/or equipment and understands that the safe and proper use of the facilities, equipment or participation in the activity is dependent upon carefully following such policies and procedures.

4. PREREQUISITE SKILLS AND TRAINING. The undersigned acknowledges that he or she has the requisite skills, qualifications, physical abilities and training necessary to properly and safely use the equipment and facilities and to participate in the activity itself. The undersigned agrees that if he or she has any questions as to what skills, qualifications or training is necessary to properly use the equipment, facility, or participate in the activity itself, then they shall direct such questions to the appropriate staff member on site.

ITEMS 1-4: Initials _____

5. RELEASE. The undersigned **RELEASES** the State of California, the trustees of the California State University, California State University, San Bernardino, the university's Auxiliary Organizations, the officers, employees and agents of each and agrees **NOT TO SUE** them on account of or in conjunction with any claims, causes of action, injuries, damage, or cost of expenses arising out of the activity, including those based on death, bodily injury or property damage whether or not caused by the acts, omissions or other fault of the parties being released.

6. WAIVER. The undersigned waives the protection afforded by any statute or law in any jurisdiction including California Code 1542 which states: "a general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her must have materially affected his or her settlement with the debtor."

7. INDEMNIFY AND DEFEND. The undersigned agrees to **INDEMNIFY AND DEFEND** the State of California, the trustees of the California State University, California State University, San Bernardino, the university's Auxiliary Organizations, the officers, employees and agents (hereinafter jointly referred to as "indemnity") of each against, and hold them harmless from any or all claims, causes of action, damage judgments, cost or expenses, including attorney fees which in any way arise from the activity or this agreement and which include but are not limited to damages to or destruction of any property of the indemnity, of any others, injury or death to the undersigned or anyone else or any liability arising from the act or negligent act of the indemnity, the undersigned or anyone else.

ITEMS 5-7: Initials _____

8. PAY. The undersigned agrees to pay for any and all damages to any property or indemnity caused by the undersigned either negligently, willfully or otherwise.

9. REPRESENTATIVES. The undersigned enters into this agreement for him/herself, his/her heirs, assigns and legal representatives.

10. EMERGENCY TREATMENT CONSENT. The undersigned, as a participant in the subject activity, hereby consents to medical treatment in a medical emergency where the undersigned is unable to consent to such treatment.

11. INSURANCE. The undersigned understands that the California State University, San Bernardino and its Auxiliary Organizations do not carry participant insurance. The undersigned is encouraged to have a physical examination and purchase health insurance prior to any and all participation therein.

ITEMS 8-11: Initials _____

12. ACKNOWLEDGMENT. The undersigned has read and understands this agreement and realizes it relates to surrendering and releasing valuable legal rights and does so freely and voluntarily.

Initials _____

Signature _____ Date _____

STAFF Initials _____

CONSENT AND RELEASE ON BEHALF OF MINOR

I am the parent and/or guardian of the above named minor. I have read and understand the agreement involves surrendering valuable legal rights of the minor and myself. I agree to be bound by all terms of this agreement. I also give my consent to the participation in the activity of the minor.

_____ Date _____

Signature of Parent/Legal Guardian – Consent and Release on Behalf of the Minor

