

Cal Poly Pomona University Children's Center
3801 W. Temple Ave., Bldg. 116
Pomona, CA 91768
(909)869-2284

Release of Liability, Waiver, and Assumption of Risk Agreement
Read Carefully Before Signing

Voluntary Participation

I, _____, the parent having legal custody or the legal guardianship of _____ (child), acknowledge that I have voluntarily enrolled my child in the Cal Poly Pomona Children's Center. I understand that, as an enrollee of the Center, my child will participate in activities sponsored by the Center, which include activities within the Center itself and, if I agree, periodic walking field trips on the Cal Poly Pomona University campus.

Release and Waiver

As consideration for being permitted to enroll my child in the Center, **I hereby release, convenient not to sue, and forever discharge, indemnify, and hold harmless** the Center (and its employees, agents, successors, assigns, and affiliated organizations including, but not limited to, the California Polytechnic State University, Pomona, the State of California, the Trustees of the California State University and Colleges, and the Associated Students, Incorporated of California Polytechnic State University, Pomona) **from any and all liability, claims, and demands of whatever kind and nature** (including, but not limited to, bodily injury, illness, property damage, or death to my child) **that arise from the ordinary negligence** by an employee or agent of the Center and that relate to my child's enrollment and participation in the Center. **I hereby voluntarily waive any and all claims and demands resulting from ordinary negligence** that may be made by me, and my child, family, estate, assignees, heirs, distributes, guardians, and legal representatives.

Assumption of Risk

I understand that the Center engages in certain activities that may be hazardous to my child, including but not limited to, on-campus field trips. I am voluntarily enrolling my child in the Center with knowledge of the danger involved, and **I hereby agree to accept any and all risks** of bodily injury, illness, property damage, or death to my child.

Understanding of Agreement/Giving Up Rights

I have read this Release of Liability, Waiver, and Assumption of Risk Agreement carefully, and I fully understand its contents. I understand that I am giving up legal rights and/or remedies that may be otherwise available which arise from the ordinary negligence of the Center, its employees, and its agents.

Date: _____

Signature of Parent/Legal Guardian

Date: _____

Signature of Parent/Legal Guardian