

# Acknowledgement and Release Form

## Pepperdine University Alumni Association

I, the undersigned, acknowledge that I am voluntarily participating in a nature hike with the Pepperdine University Alumni Association. I further acknowledge that this activity involves a risk of serious bodily injury, severe social and economic loss, and damage to or loss of personal property. I understand that these risks of injury or loss might result from my own actions, inactions, or negligence, the actions, inactions, or negligence of others, the condition of the premises or of any equipment used, or the inherent risks involved in an activity. I further understand that there may be other risks not known or reasonably foreseeable at this time.

In addition to the general risks stated above I acknowledge and understand that the activity or activities that I voluntarily choose to take part in involve their own unique risks, some of which are detailed below. I understand and acknowledge that it is a privilege, not a right, to participate in the activities offered by the Pepperdine University Alumni Association and that in consideration for being granted permission to participate in these activities I assume full responsibility for both the general risks detailed above, as well as the specific risks described below.

I further agree to hold Pepperdine University, its Regents, employees, agents, and volunteers harmless from any claims or liabilities arising from or relating to any injuries or loss arising from the risks involved in my participation with the Pepperdine University Alumni Association. This includes claims caused by any acts or failures to act of Pepperdine University, its Regents, employees, agents, and volunteers, including, but not limited to, mistake, negligence, or failure to supervise. I also release, waive, discharge, and promise not to sue the University, its Regents, employees, agents, or volunteers for any loss, damage, or claim on account of injury to my person or property while participating in this Alumni Association program.

**Note:** By signing this release, you are indicating that you have read and assume the potential risks listed in the second column. You are further acknowledging that you understand that the listed risks are by no means exclusive and that other risks may be present in the activities.

ACTIVITY	POTENTIAL RISKS
Local Hike	Wildlife attacks, death, dismemberment, paralysis, plant allergies, piercing, sickness from plant ingestion, heat stroke, heat exhaustion, dehydration, sunburn, sunstroke, lightning, rain, landslides, flood, fire, wind, tornado, avalanche, earthquake, uneven/unstable/slippery surfaces, slipping, falling, bites, blisters, stings, abrasions, concussion, contusion, dislocation, fracture, laceration, puncture, strain, sprain, pulled muscles, fatigue, equipment failure or malfunction, frostbite, hypothermia
Backpacking/Camping	Wildlife attacks, death, dismemberment, paralysis, plant allergies, piercing, sickness from plant ingestion, heat stroke, heat exhaustion, dehydration, sunburn, sunstroke, lightning, rain, landslides, flood, fire, wind, tornado, avalanche, earthquake, uneven/unstable/slippery surfaces, slipping, falling, bites, blisters, stings, abrasions, concussion, contusion, dislocation, fracture, laceration, puncture, strain, sprain, fatigue, equipment failure or malfunction, frostbite, hypothermia

By signing this acknowledgment and release you are verifying that you are currently and adequately covered by appropriate health and accident insurance, have had a recent medical exam, would not normally be adversely affected by participating in any of the aforementioned activities, and have read this acknowledgment and release in its entirety.

**I HAVE READ THE ABOVE AND UNDERSTAND AND AGREE TO ITS TERMS. I further understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily and intend that, my signature indicates a complete and unconditional release of all liability to the greatest extent allowed by law until [one year from date].**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name: \_\_\_\_\_  Male  Female

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

University Status:  Student  Alumni  Parent  Spouse  Sibling  Child  
 Friend  Staff  Other: \_\_\_\_\_

Affiliation:  GPC  GSBM  GSEP  SOL  SPP  Seaver