

## **RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS**

Cerritos College & Professor Shin Liu Taiwan Chihlee University Summer 2024 Program

Activity Date(s) and Time(s):

June 23, 2024 - July 11, 2025

Activity Location(s):

No.313, Sec. 1, Wenhua Rd., Banqiao Dist., New Taipei City 220, Taiwan (R.O.C.)

In consideration for being allowed to participate in the above-referenced, non-certified Activity, on behalf of myself and my next of kin, heirs, representatives, and assigns, I hereby release, waive, and discharge from all liability and promise not to sue Cerritos College and their employees, officers, directors, volunteers and agents (collectively "College") and their employees, officers, directors, volunteers and agents (collectively "Auxiliaries") from any and all liabilities or claims, including claims of the College's and/or Auxiliaries' negligence, resulting in any physical or psychological injury (including paralysis and death), illness, damages, property loss, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from, and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.

I agree to indemnify and hold the College and/or Auxiliaries harmless from any and all claims, actions, suits, costs, expenses, and liabilities, including attorney's fees or damage to my personal property that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the College and/or Auxiliaries incur any of these types of expenses, I agree to reimburse the College and/or Auxiliaries. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I understand that the College and/or Auxiliaries in no way represents, or acts as an agent for the Host Institution, the transportation carrier(s), the hotel, and any other suppliers of services connected with the Activity.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

I am 16 years or older. I understand the legal consequences of signing this document, including (a) releasing the College and/or Auxiliaries from all liability, (b) promising not to sue the College and/or

Auxiliaries, (c) and assuming all risks of participating in this Activity, including travel to, from, and during the Activity.

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Participant Signature: \_\_\_\_\_

Participant Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

**If the Participant is under 18 years old:**

I am the parent or legal guardian of the Participant. I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to, from and during the Activity.

I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Signature of Minor Participant's Parent/Guardian: \_\_\_\_\_

Name of Minor Participant's Parent/Guardian: \_\_\_\_\_

Name of Minor Participant:

\_\_\_\_\_