Liability Waiver & Release Form

Section I. General Information Organization/Business Name & Address	
Org. Bus. Phone Number	
Poprocontativos	
Representatives Title/Position	
Poprocontativo's Nama	
Representative's Name	
Representative's Address	
Rep. Phone Number	
Facility and/or Services requested (please necessary)	be specific and enclose attachments if
Date(s) and time(s) facilities reserved	
<u>Provider's equipment</u> as well as all person Section II. Waiver & Release	X
On behalf of myself and my executors, administra	itors, heirs, next of kin, successors, assigns, and
X Please print name of organization/business*	
I, hereby (A) waive, release, and discharge from a personal injury, property damage, property theft of accrue to me or my organization/business* name University and its officers, agents, and employees Lutheran University and its officers, agents, and e made by other individuals or entities as a result o participant, or any agent, employee, or member of applicable). I, the undersigned, on behalf of myself and my or	any and all liability for the death, disability, or actions of any kind which may hereafter d above (if applicable), California Lutheran s (B) indemnify and hold harmless California employees from any and all liabilities and claims f any of my actions or the actions of any of my organization/business* named above (if
X (A) acknowledge that I have read	and understand the waiver and release
described herein (Please initial)	
X (B) affirm that this release and w release and (Please initial)	aiver shall be construed broadly to provide a
$X_{}^{(Please Initial)}$ (C) waiver to the maximum exter	nt permissible under applicable law.
x	X
Signature	Date