

Participant's Name (Please Print) _____
Last First

**UNIVERSITY OF CALIFORNIA, SAN DIEGO
Healthy Eating Program
Telephone Counseling**

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in the "Healthy Eating Program" indicated on the reverse side of this form, hereinafter called the "Healthy Eating Program", I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** The Regents of the University of California, its officers, employees, and agents from liability **from any and all claims including the negligence of The Regents of the University of California, its officers, employees and agents**, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in the "Healthy Eating Program".

Signature of Participant Date Signature of Parent/Guardian of Minor Date

Assumption of Risks: Participation in the "Healthy Eating Program", carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) experiencing gas and bloating as you adjust to a diet with a higher vegetable and fiber content, 2) minor injuries such as scratches, bruises and sprains, 3) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks and concussions to 4) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in the "Healthy Eating Program". I hereby **assert that my participation is voluntary and that I knowingly assume all such risks.**

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in the "Healthy Eating Program", and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **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 by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

Signature of Participant Date Signature of Parent/Guardian of Minor Date

Participant's Age (if minor): _____

Any questions about waivers should be directed to UCSD Risk Management (858) 534-2454