

Primary Resident Name: _____ Apt/Unit: _____

Additional Resident (AR) Name: _____ AR Email: _____ AR Phone: _____

Additional Resident Acknowledgement

As a member of our community, you have the right to reside in and use the amenities of the community. You also have the responsibility to abide by the terms of the Rental Agreement and The Handbook. A copy of both can be found on our Current Resident page [here](#).

- Should you become a fully enrolled student at UCSD during the time you are residing in a Graduate & Family Housing community that time will count towards your 2-year housing time limit.
- Your time as an Additional Resident counts towards the 2-year housing limit.
- If you receive a Rental Agreement in your name, the time you spent as an Additional Resident will be deducted from the 2-year limit and you will receive a Rental Agreement reflecting the time remaining in your 2-year housing limit.

By signing below you are acknowledging your responsibilities and understanding of the 2-year housing policy.

Falsifying information will render you ineligible for current and future housing. We declare that the representations herein are true and correct and contain no material omissions of fact to the best of our knowledge and belief.

Signatures:

Primary Resident: _____ Additional Resident: _____ Date: _____

UC San Diego Recreation Weight Room Waiver

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of permission to use the facilities, staff, equipment and services of UCSD Recreation Weight Rooms, 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 activities, classes, observation, and use of facilities, premises or equipment.

I have read and accepted the terms of the online waiver listed above.

Additional Resident Signature: _____ Date: _____

Assumption of Risks: The use of University property, facilities, staff, equipment, and/or services carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. UCSD Recreation Weight Rooms has facilities and provides for activities such as social events, community outreach clinics, classes, camps, and day care. Some of these involve situations, environments, or activities that may lead to illness, physical injuries, and psychological stress or damage.

The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) 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 activities made possible by UCSD Recreation Weight Rooms. 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 at UCSD Recreation Weight Rooms 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.

Any questions regarding the waivers should be directed to UCSD Risk Management (858) 534-3820

Additional Resident Signature: _____ Date: _____

Parent/Guardian Signature of Minor: _____ Date: _____