

Submit your complete application form by email, mail, or fax using the information below. Do not send credit card information by email to ensure we are protecting sensitive credit card information.

**Fax**  
1-949-824-8065

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(Date)

## 9. PARENT/LEGAL GUARDIAN INFORMATION (students under the age of 18 only)

Name of Applicant (*Last, First, Middle*): \_\_\_\_\_

Name of Parent/ Legal Guardian (*Last, First, Middle*): \_\_\_\_\_

Address: \_\_\_\_\_  
(*Street or P.O Box, City, State, Zip Code, Country*)

Telephone number: Day (\_\_\_\_\_) \_\_\_\_\_ Night (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

## 10. ADULT RELATIVE OR FAMILY FRIEND IN THE UNITED STATES (if applicable)

Does the Applicant have an adult relative or a family friend in the United States? ☐ Yes ☐ No

Does the relative or family friend speak English? ☐ Yes ☐ No

Name of Parent/ Legal Guardian (*Last, First, Middle*): \_\_\_\_\_

Address: \_\_\_\_\_  
(*Street or P.O Box, City, State, Zip Code*)

Telephone number: Day (\_\_\_\_\_) \_\_\_\_\_ Night (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

## 11. STATEMENT OF AUTHORIZATION (students under the age of 18 only)

I, the undersigned parent or legal guardian of \_\_\_\_\_,  
(*Name of Applicant*)

do hereby authorize The University of California, Irvine Division of Continuing Education and its agents or representatives to consent, on my behalf, to any medical, psychological, and/or hospital care or treatment (including locations outside the U.S.) to be rendered to him or her upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization in the event services are not covered under the insurance policy.

\_\_\_\_\_  
(*Signature of Parent or Legal Guardian*)

\_\_\_\_\_  
(*Date*)

## 12. WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

**Waiver:** In consideration of being permitted to participate in any way in a class or activity, hereinafter called "The Activity", I, for myself, my heirs, personal representatives or assigns, **do hereby release, waiver, 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 Activity.

**Assumption of Risks:** Participation in The Activity 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) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint of 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 Activity. 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 Activity and to reimburse them from 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.

**Acknowledgement of Understanding:** I have read this waiver of liability, assumption of risks, 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 during the duration of my enrollment at UCI Division of Continuing Education.

\_\_\_\_\_  
(*Signature of Parent or Legal Guardian*)

\_\_\_\_\_  
(*Date*)

\_\_\_\_\_  
(*Signature of Applicant*)

\_\_\_\_\_  
(*Date*)

\_\_\_\_\_  
(*Name of Parent or Legal Guardian*)

\_\_\_\_\_  
(*Name of Applicant*)