SANTA BARBARA
FAMILY VACATION CENTER

Release of Liability

Addendum to Waiver of Liability, Assumption of Risk and Indemnity Agreement
(To be signed, attached, and retained with associated UC Waiver)

Acknowledgment of Understanding: I acknowledge that I have read the attached **Waiver of Liability, Assumption of Risk and Indemnity Agreement** and fully understand its terms. I affirm that I am voluntarily participating in the Family Vacation Center Programs and further acknowledge that I know, understand, and appreciate the inherent risks of the Family Vacation Center Programs. I assume full responsibility for any and all injuries or damages that may occur to me as a result of the inherent risks associated with the Family Vacation Center.

1) _____ _____ _____ _____
Signature of Participant | Print Name of Participant | Date | Age (if Minor)

_____ _____ _____
Signature of Parent/Guardian of Participant (if Minor) | Print Name of Parent/Guardian of Participant (if Minor) | Date

2) _____ _____ _____ _____
Signature of Participant | Print Name of Participant | Date | Age (if Minor)

_____ _____ _____
Signature of Parent/Guardian of Participant (if Minor) | Print Name of Parent/Guardian of Participant (if Minor) | Date

3) _____ _____ _____ _____
Signature of Participant | Print Name of Participant | Date | Age (if Minor)

_____ _____ _____
Signature of Parent/Guardian of Participant (if Minor) | Print Name of Parent/Guardian of Participant (if Minor) | Date

4) _____ _____ _____ _____
Signature of Participant | Print Name of Participant | Date | Age (if Minor)

_____ _____ _____
Signature of Parent/Guardian of Participant (if Minor) | Print Name of Parent/Guardian of Participant (if Minor) | Date

5) _____ _____ _____ _____
Signature of Participant | Print Name of Participant | Date | Age (if Minor)

_____ _____ _____
Signature of Parent/Guardian of Participant (if Minor) | Print Name of Parent/Guardian of Participant (if Minor) | Date

6) _____ _____ _____ _____
Signature of Participant | Print Name of Participant | Date | Age (if Minor)

_____ _____ _____
Signature of Parent/Guardian of Participant (if Minor) | Print Name of Parent/Guardian of Participant (if Minor) | Date