

# Guest Registration Form

Date: \_\_\_\_\_

## Guest Options (Please circle one.)

## Guest Self-Sponsor

Student				\$7	\$7
Faculty	Staff	Retired Faculty/Staff	Alumni Association	\$9	\$9
IELC	ALI	Open University	Extended University	\$9	\$9

**\* Sponsor and guest must show a photo ID with proof of age. No Exceptions.**

### Guest Pass

- SRC students, faculty, staff, retired/emeriti faculty and staff, alumni members, and IELC students are eligible to sponsor daily guests.
- Members may sponsor up to two guests 18 years or older per day.
- Sponsoring member must accompany their guest at all times, and they must leave together.
- Guests must sign waiver. Both sponsor and guest will sign guest registration form.
- Guest need to present photo identification to purchase a pass.
- Guests must observe all SRC policies, guidelines, and staff requests.
- Sponsoring member assumes responsibility for the actions of their guest.
- Sponsored Members may not sponsor a guest.
- Individuals eligible for membership may purchase a daily pass without a sponsor.

### Guest's/Self-Sponsor's Information

Name: \_\_\_\_\_ ID#: \_\_\_\_\_

I have read and understand the policies of the Student Recreation Center. I will adhere to the facility's regulations. I have also signed the Waiver of Liability, and I understand that I am liable for what may happen to me at the Student Recreation Center.

Signature \_\_\_\_\_

### Sponsor's Information

Name: \_\_\_\_\_ ID #: \_\_\_\_\_

I understand my privilege of only bringing two guests at a time, and that I must accompany my guests throughout the duration of their stay at the SRC. I also acknowledge that I am responsible for their actions and conduct and agree to ensure that my guests will abide by all the Student Recreation Center's policies.

Signature \_\_\_\_\_

**Staff Use Only** Waiver Signed: \_\_\_\_\_

ID Checked: \_\_\_\_\_

Staff Initial: \_\_\_\_\_

Tape Receipt Here: \_\_\_\_\_



**RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK  
AND AGREEMENT TO PAY CLAIMS**

In consideration of the voluntary use, in any way, of the property, facilities, services, programs, activities, and events provided or sponsored by the Student Recreation Center (Runner Ride, Intramural Sports, Extramural Sports, Sport Clubs, Group Exercise, Personal Training, Fitness Advising, Climbing & Bouldering Rock, Outdoor Rec Adventure activities, Physical Sports, Weight & Cardiovascular Training, Dance, Martial Arts, Swimming, Yoga, Group Cycling, Special Events, any other programs and services sponsored by the Student Recreation Center, and any related travel), all of which are hereinafter referred to as the "Activity":

I, the undersigned, on behalf of myself and my next of kin, heirs and representatives, **release from all liability and promise not to sue** the State of California, the Trustees of The California State University, California State University, Bakersfield and their employees, officers, directors, volunteers and agents (collectively "University") and The Student Recreation Center, under the CSUB Student Union, and their employees, officers, directors, volunteers and agents (collectively "Auxiliary Organization") from any and all claims, **including claims of the University's negligence or Auxiliary Organization's negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s).

I agree that I am solely responsible for any damages, injuries, or claims related to my participation in the Activity and I agree to **hold** the University and Auxiliary Organization **harmless** from any and all claims asserted related to my participation in the Activity, including attorney's fees, damages to real or personal property, and physical or mental injuries to myself or third parties. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am aware of Section 1542 of the California Civil Code, and expressly agree to waive the protections, rights, and benefits arising under Section 1542, and to release any and all claims that may arise against the University and Auxiliary Organization related to my participation in the Activity, including travel to, from, and during the Activity. Section 1542 of the California Civil Code states:

**A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her must have materially affected his or her settlement with the debtor.**

I am 18 years or older. I understand the legal consequences of signing this document, including: (a) releasing the University and the Auxiliary Organization from all liability; (b) promising not to sue the University and the Auxiliary Organization; and (c) assuming all risks of participating in this Activity. I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms. I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Participant Signature: \_\_\_\_\_

Participant Name (print): \_\_\_\_\_ CSUB ID: \_\_\_\_\_

Effective Date: \_\_\_\_\_ through **6/30/2026**