

CSULB RESEARCH FOUNDATION

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

Participant Name (Print): _____

Field Trip, Voluntary or Extracurricular Activity: _____

Date(s): _____

Activity and Location: _____

In consideration for being allowed to participate in this Activity including air and/or ground transportation, on behalf of myself and my next of kin, heirs and representatives, I release from all liability and promise not to sue the state of California, the Trustees of The California State University, California State University, Long %HDFK & DOLIRUQLD 6WDWH 8QLYHUVLW\ /RQJ %HDFK 5HVHDUFK)RX volunteers and agents (collectively "University") from any and all claims, including claims of the University's negligence, resulting in any physical or psychological injury (including paralysis and death), illness, damages, RU HFRQRPLF RU HPRWLRQDO ORVV , PD\ VX‡ \$E WELHYFLDW\ HL QR OPXG SQJW and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and par-JÊíðJÁiÊ@íLOOQHVV GLV ¿ JXUHPHQW WHPSRUDU\ RU SHUPDQHQW GLVDE

negligence; conditions related to travel; or the condition of the Activity location(s). Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and

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 WHUPV , KDYH UHGD WKLW GRFXPHQW DQG , DP VLJQLQJ LW IUHHO\ of this document have been made to me.

Participant Signature

Participant Name (print)

Date

If Participant is under 18 years of age:

I am the parent or legal guardian of the Participant. I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to, from and during the Activity. I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

I have read this two-page document, and I am signing it freely. No other representations concerning the legal H‡HFW RI WKLW GRFXPHQW KDYH EHHQ PDGH WR PH

Signature of Minor Participant's Parent/Legal Guardian Name

Printed Name of Minor Participant's Parent/Legal Guardian

Date

Minor Participant's Name (print)