

ATTACHMENT B – CSU GENERAL RELEASE OF LIABILITY

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

Activity:

Activity Date(s) and Time(s): _____
Activity Location(s): _____

In consideration for being allowed to participate in this Activity, 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, [Sac State] and their employees, officers, directors, 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, 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). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.**

I agree to **hold** the University **harmless** from any and all claims, including attorney’s fees or damage to my personal property, that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. 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 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the 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. I understand that I have the opportunity to consult with**

a lawyer of my choosing prior to signing this document.

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 effect of this document have been made to me. I understand I have the opportunity to consult with a lawyer of my choosing prior to signing this document.**

Print Name of Minor Participant's Parent/Guardian

Signature of Minor Participant's Parent/Guardian

Date

Minor Participant's Name

ATTACHMENT C: MEDIA RELEASE

VISUAL/AUDIO MEDIA RELEASE FORM

Program/Activity Name: _____

I grant permission to the State of California; the Trustees of The California State University; California State University, [Sac State] and their employees, officers, directors, volunteers and agents (collectively “University”) to take and use visual/audio images of me. Visual/audio images are any type of recording, including but not limited to photographs, digital images, drawings, renderings, voices, sounds, video recordings, audio clips or accompanying written descriptions. University will not materially alter the original images. I agree that University owns the images and all rights related to them. The images may be used in any manner or media without notifying me, such as university-sponsored websites, publications, promotions, broadcasts, advertisements, posters and theater slides, as well as for non-university uses. I waive any right to inspect or approve the finished images or any printed or electronic matter that may be used with them, or to be compensated for them.

I release the State of California; the Trustees of The California State University; California State University, [Sac State] and their employees, officers, directors, volunteers and agents (collectively “University”), including any firm authorized to publish, broadcast and/or distribute a finished product containing the images, from any claims, damages or liability which I may ever have in connection with the taking or use of the images or printed material used with the images.

I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the 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. **I understand I have the opportunity to consult with a lawyer of my choosing prior to signing this document.**

Printed Name

Date

Signature

Telephone or Email Address

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 effect of this document have been made to me. **I understand I have the opportunity to consult with a lawyer of my choosing prior to signing this document.**

Print Name of Minor Participant's Parent/Guardian

Date

Signature of Minor Participant's Parent/Guardian

Minor Participant's Name

ATTACHMENT D: MEDICAL TREATMENT AUTHORIZATION FORM

Youth Program/Activity: _____

Name of Participant: _____

Parent/Guardian Name: _____ Phone: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Existing Medical Coverage: _____ Plan # _____

Known Allergies: _____

Current Medications: _____

I hereby voluntarily permit my child to participate in the [Program/Activity] at [Campus name].

While my child is attending or traveling as part of this Activity/Program, I HEREBY AUTHORIZE THE STAFF/ADULT VOLUNTEER, or in his/her absence or disability, any adult accompanying or assisting him/her, TO CONSENT TO THE FOLLOWING MEDICAL TREATMENT FOR SAID MINOR: Any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code Section 2000 et seq.; or any x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered by a dentist licensed under the provisions of the Dental Practices Act, California Business and Professions Code Section 1600 et seq.

This authorization is given pursuant to the provisions of California Family Code Section 6910. This authorization shall remain effective until my child completes his/her activities in this program unless sooner revoked in writing. I understand that as a parent/guardian, I will be responsible for the cost of any service or treatment provided.

AUTHORIZATION, CONSENT, AND RELEASE

I hereby certify that my child is in good health and can participate in all functions of this Program as described above. I am the parent/guardian having legal custody of the youth member named above as stated under California Family Code Section 6550. I understand it is my responsibility to keep the information on this form updated (including Health History) by contacting the Program Staff.

Signature of Parent/Guardian

Date

NON-CONSENT

I do not desire to sign this authorization and understand that this will prohibit my child from receiving any non-life threatening medical attention in the event of illness or accident.

Signature of Parent/Guardian

Date