RELEASE OF LIABILITY, PROmise NOT TO SUE, ASSUMPTION OF RISK
& 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, Fullerton
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.

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.

Signature of Minor Participant’s Parent/Guardian

__________________________________________________________________________________________

Name of Minor Participant’s Parent/Guardian (print)  Date

__________________________________________________________________________________________

Minor Participant’s Name