



PARTICIPANT TRAVEL AUTHORIZATION RELEASE AND HOLD-HARMLESS STATEMENT INFORMED CONSENT, WAIVER OF LIABILITY

I understand that my child is participating in a California State University, East Bay Foundation (CSUEB) affiliated Program, which requires some travel. I have been informed and I know that travel involves risks, which may result in damage to property, injury to persons and death and that CSUEB assume no liability for damage, injury, or death occurring on such travel.

Knowing, understanding, and in full, appreciating all possible risks, I hereby expressly, voluntarily and willingly assume all risks and dangers associated with my child's participation in this Program up to and including death. Some common risk situations include travel to and from home and activity meeting location, overnight stay, food poisoning, theft, car accident, tripping, falling, etc. I understand this list is not all-inclusive and may not include all eventual situations. I declare knowledge and consent for my minor child to travel with the Program for as long as they are a participant in the Program.

I understand that if my child behaves inappropriately, is disruptive or in any other way does not follow the rules and regulations of the Program, I will be held responsible for the cost of immediately returning the child home or coming to pick up my child. Travel always begins and ends at CSUEB, unless otherwise specified. I understand that if my child agrees to attend a Program activity and fails to show up, I am responsible for the cost of that activity, regardless of the reason for non-attendance.

I release and hold harmless the STATE OF CALIFORNIA, the California State University and its Trustees, California State University East Bay, CSU East Bay Foundation, Inc., and each and every officer, employee and agent of each of them, from any and all claims and causes of action that I may have against any of these institutions or persons, by reason of any accident, illness, injury, death, or other consequences resulting directly or indirectly from or in any manner arising out of, or in connection with, my child's participation in the Program.

I have read this informed consent, waiver, and release and understand the terms used in it and the legal significance, or, if I did not understand it fully, I have consulted an attorney who has explained it to me. This informed consent, waiver, and release is freely and voluntarily given with the understanding that the right to legal recourse against the State and its agents is knowingly given up in return for allowing my child's participation in the Program. I represent that I am the parent or legal guardian of the student named on this form. My signature on this document is intended to bind not only myself but also my successors, heirs, representatives, administrators, and assigns.

CSUEB Program:

Student Name (please print) \_\_\_\_\_

Parent/Legal Guardian Name (please print) \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Emergency contact phone number: \_\_\_\_\_